

# INTESTINAL IRRIGATION

*By*

ALCINOUS B. JAMISON, M.D.



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*Hargrave*

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# INTESTINAL IRRIGATION

OR

WHY, HOW, AND WHEN TO  
FLUSH THE COLON

TREATED IN CONNECTION WITH OTHER MATTERS  
OF PHYSIOLOGICAL INTEREST AND  
IMPORTANCE

BY

ALCINOUS B. JAMISON, M.D.

AUTHOR OF "INTESTINAL ILLS," "HOW TO BECOME  
STRONG," ETC.

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ALCINOUS B. JAMISON



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“Even from the Body’s Purity, the Mind  
Receives a secret sympathetic aid.”

—*Thomson.*



## PREFACE.

WITHIN the last three decades the diagnosis and treatment of bowel troubles have been greatly changed through improved instruments, technique, hygienic measures, and various remedial agents.

The domain of surgery of the anus, rectum, etc., has been surprisingly limited, and that of gastrointestinal hygiene enlarged, together with knowledge of man's assimilative and eliminative organs. Systemic and local hygiene has supplanted drugs and surgery in the treatment of diseases of the anus, rectum, sigmoid flexure, and vermiform appendix. Indeed, the domain of surgery will be restricted to what are still considered incurable diseases if the suggestions of this volume are widely adopted. From a clinical experience extending over a period of thirty-three years, however,—as a specialist in diseases of the anus, rectum, and intestinal machinery generally,—the author feels warranted in maintaining that, if hygio-therapeutic measures were taken by both physicians and laymen, surgical clinics and hospitals

## Preface

for "operating" on anal and rectal diseases and the administering of countless medicinal remedies would enter the stage of therapeutic oblivion.

The present work is more comprehensive in its scope than its title, *Intestinal Irrigation*, would at first thought seem to indicate. It is a practical book on home relief for all the symptoms of that form of internal inflammation known as proctitis and colitis. The measures that may safely be taken by the victim himself, without consulting a physician, are minutely explained; and, that he may understand his own case, every chapter goes more or less extensively into anatomical, physiological, and pathological details.

The author has kept abreast of the advancement of science in relation to his special branch of the healing art, and as the outcome of his large daily experience in this line he feels qualified to speak with authority. Victims of any of the symptoms described in this book may therefore have confidence in its statements. It conveys a message of common sense to the world at large and to the victims of intestinal ills in particular. It is a compilation of clinical talks to the author's patients, making plain a variety of symptoms arising from a single primary cause.

As the purpose of the book is pre-eminently



## Preface

practical, the author felt warranted in describing minutely his own clinics, so far as any patient could apply the results to his individual needs. This, therefore, is the author's excuse for introducing his own appliances and describing their features and uses. Certain work must be done by the sufferer himself, and no other invention in the market will aid him so materially in doing this work scientifically and efficiently.

Furthermore, it was found impossible for the author to describe what he himself was doing as a rectal specialist, or to direct sufferers on the road to relief, unless he stated how certain appliances should be employed. In the following pages, consequently, the reader will learn just what to do, for the work is above all things simple and direct, and in the writer's judgment has the sterling quality of common sense.

Some of the chapters have already appeared, in abridged form, in the magazine *Health*, as contributed essays; but the text has been elaborated in the following pages and much new matter added, in order that the work should present the most mature information concerning the subjects discussed.

A. B. J.

NEW YORK, March 2, 1914.

# CONTENTS.

CHAPTER I.	PAGE
EFFORTS TO OVERCOME CONSTIPATION WITHOUT SEEK- ING ITS CAUSE . . . . .	I
CHAPTER II.	
PATHOLOGY OF THE ANUS AND RECTUM ; OR, THE GEN- ESIS OF CONSTIPATION . . . . .	8
CHAPTER III.	
THE FORMATION OF CHANNELS, PILES, AND FISTULAS .	19
CHAPTER IV.	
UNDUE RETENTION OF GAS AND FECES IN THE SIGMOID FLEXURE . . . . .	28
CHAPTER V.	
REBELLION OF OUR OUTRAGED INTERNAL ECONOMY .	35
CHAPTER VI.	
GASEOUS OBESITY AND OUR ROLY-POLIES . . . .	46
CHAPTER VII.	
IRRIGATION OF THE ASSIMILATIVE AND ELIMINATIVE ORGANS . . . . .	57
CHAPTER VIII.	
METHODS OF STOMACH CLEANSING . . . . .	65

# Contents

	PAGE
CHAPTER IX.	
WHEN ENEMAS SHOULD BE TAKEN . . . . .	72
CHAPTER X.	
HOW ENEMAS SHOULD BE TAKEN . . . . .	84
CHAPTER XI.	
THE INTERNAL FOUNTAIN BATH . . . . .	90
CHAPTER XII.	
BENEFITS OF THE INNER BATH . . . . .	101
CHAPTER XIII.	
OBJECTIONS TO THE USE OF THE ENEMA ANSWERED . .	108
CHAPTER XIV.	
LAME BACK . . . . .	121
CHAPTER XV.	
URIC ACID . . . . .	126
CHAPTER XVI.	
RATIONAL SANITATION AND HYGIENE . . . . .	136
CHAPTER XVII.	
PERSONAL CLEANLINESS . . . . .	145
CHAPTER XVIII.	
HOT WATER IN THE TREATMENT OF PROCTITIS AND COLITIS . . . . .	152
CHAPTER XIX.	
HOT WATER IN THE TREATMENT OF EXTERNAL SYMPTOMS . . . . .	162
CHAPTER XX.	
THE HEALTH OF SCHOOL CHILDREN . . . . .	165

# Contents

## CHAPTER XXI.

INTERNAL HEMORRHOIDS OR PILES VERSUS MUCOUS SAC, RECTO-ANAL MUCOUS SAC . . . . .	171
---	-----

## CHAPTER XXII.

EXTERNAL AND THROMBOTIC PILES VERSUS MU- CUTANEOUS SAC AND THROMBUS . . . . .	181
--	-----

## CHAPTER XXIII.

ABSCESS AND FISTULA INVOLVING ANUS, RECTUM AND NEIGHBORING REGIONS . . . . .	190
---	-----

## CHAPTER XXIV.

NINE RADIOGRAPH ILLUSTRATIONS SHOWING MUCUS CHANNELS AND CAVITIES . . . . .	200
--	-----

## CHAPTER XXV.

CHRONIC MUCOUS PROCTITIS AND SIGMOIDITIS—USU- ALLY DIAGNOSED AS CHRONIC MUCOUS COLITIS . . . . .	202
---	-----

## CHAPTER XXVI.

ANTISEPTIC EMPLOYMENT OF POWDERS AND OILS . . . . .	208
---	-----

# INTESTINAL IRRIGATION.

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## CHAPTER I.

### EFFORTS TO OVERCOME CONSTIPATION WITHOUT SEEKING ITS CAUSE.

IN the year 1496 an Italian, Gatenaria, invented an appliance for taking an enema; since that time depuratory instruments have had more or less vogue in all civilized countries. Of late years inventive powers have been taxed to construct more convenient and effective appliances, and now perfection has been almost reached, and the poor civilizee, whose habits are really very bad from the savage point of view, may enjoy the delicious privilege of an internal bath whenever he feels the need of it. By any other name this bath is just as purifying: call it irrigation, injection, lavement, clyster, enema—its many names and what they mean testify to the fact that it is for the disease of civilization.

The medical profession is really behind the layman in genuine therapeutic measures. It still cares more for the pill-and-powder-prescription-earning fee than for the real health of the patient. When

## Intestinal Irrigation

it shall wean itself from its sordid commercialism, it will make the use of the enema a fundamental factor in most forms of therapeutic treatment, and then the enema will become universal.

From the origin of the enema to the present day, the layman has not been unmindful of this valuable resource for removing morbid matter from his physiological sewer. The great relief he thus obtained, and the invariably good results that followed its use, established as a necessary toilet article some form of depuratory apparatus in many homes for all time to come.

But of the nature of the disease that had occasioned its use, both layman and physician were, and for the most part are, ignorant. Local obstruction and discomfort were sufficient to suggest this mode of relief; yet no truly scientific inquiry seems to have been instituted to discover the cause of the obstruction. The author, during an experience of over twenty-three years as a specialist in diseases of the bowels, rectum, and anus, has found the true cause, namely, PROCTITIS; that is, the chronic inflammation (dating often from infancy and childhood) of the anus, rectum, and frequently of a portion of the sigmoid flexure and colon. Proctitis is practically the universal cause of chronic constipation. Victims of constipation have more or less haphazardly resorted to the enema as a ready means of relief—a recourse that was often, nay generally, against the advice of their medical counselor: a professional opposition that indicates either ig-

## Efforts to Overcome Constipation

norance, mistaken judgment, or fear of losing a profitable patient. But the layman has not been uniformly wise. He is an experimenter on his own hook — encouraged in his experiments by the most promising and seductive of advertisements in the whole gamut of advertising. He experimented on his organism, tinkering it now with cathartics or purgatives of multiform nature, and again with digestive and other agents. This tinkering habit seems to have become all but universal with civilized man. Constipation — which is caused by proctitis — will, of course, bring indigestion and biliousness and diarrhea and nervousness and headache and a host of other maladies in its train ; all of these induce the civilizee to increase his tinkering with his divine abode until it eventually falls in ruins. The tinkerer loses sight of the fact that his abode is not a body like the bodies of wood, stone, and iron that he handles and putters with daily ; he forgets or ignores the fact that it is a vital organic machine, which, when tinkered too much, will stop, “never to go again.” It is poor consolation when you have reached your last gasp, after a chronic invalidism, to feel that you have done the best you knew how. You have not sought the cause, nor, having learned it somehow, sought to remove or avoid it. For the last four hundred years this tinkering, this futile medication, has been kept up at a furious pace without even a hope of permanent cure. Poor, outraged human nature dimly knew that it was simply doctoring a symp-



## Intestinal Irrigation

tom, a *consequence* of something or other—for that is all that constipation and its host of symptoms really are.

The writer is of the opinion that constipation is the fundamental disease that afflicts mankind; that, at all events, there are more cases of proctitis than of any other disease; that very few “civilized” persons are free from it; that so prevalent a disease must have a common origin, which he traces right back to babyhood, to the wearing of soiled diapers, a practice that cannot but result in inflammation of the buttocks and mucous membrane of the anus and rectum; and that this inflammation continues and finally becomes deepened and established, producing in after years chronic constipation and its train of evils. Of course, there are other causes that bring on proctitis among children and adults; but careful examination shows that the severity of the malady with its train indicates long duration in the tissues comprising the wall of the anal and rectal canals and the adjoining tissues of the bowels.

Proctitis, with its extension, colitis, is by no means a slight disease, as it is supposed to be by a few members of the medical fraternity who are beginning to apprehend its existence; on the contrary, it is so serious that its gravity cannot be impressed too forcibly upon both laymen and physicians. During the many years of special attention the writer has given to diseases of the anus, rectum, colon, etc., he has not ceased to wonder how it was possible that the victim of deep-seated proctitis could have



## Efforts to Overcome Constipation

so dreadful a disease and not be greatly alarmed at its ravages and dangers. The anatomy, physiology, and hygiene of the parts involved in this inflammation continue in some manner to permit the passage of excrement along the diseased canal; and the victim continues to swallow drugs and tinker with these — his irreplaceable “inards.”<sup>1</sup>

It is not my purpose at present to go into a detailed description of the organs involved in this inflammatory process, but to make plain why the enema is superior to all other means of securing cleanliness. When we know why we do a thing, the task is not so difficult and annoying as when we go it blind or simply obey the behest of a physician. Ignorance has no business bothering with anything; experience, however, is usually a painful if not a fatal instructor. The human race at large is ignorant concerning the normal and abnormal processes of its internal organs. “Out of sight, out of mind” seems to be the maxim of almost every one as to our vital organs and the conditions for their hygienic functioning. The purpose of the writer will be achieved if he succeed in sounding a note of warning that will be heard and heeded by those whose influence will extend the echoes till the world listens and learns the claims of the inner physiological economy.

Those that possess even a modicum of sense will

<sup>1</sup> For numerous illustrations of the various morbid conditions of the anus and rectum, see the author's 64-page booklet, entitled *How to Become Strong*.

## Intestinal Irrigation

easily understand how a muscular tube like the anus, rectum, sigmoid flexure, etc., when invaded and traversed for eight to ten or more inches by disease, will offer obstruction to the descent and escape of gases and feces. All are familiar with the contraction that occurs when a finger, hand, or limb is inflamed; how little we can then use the diseased part until all of the inflammation has left the muscular tissue. Why do we give so much attention to an inflamed external part and none at all to the all-important internal organ for the expulsion of the sewage of the body? The parts are not "weak" when contracted with inflammation: weakness is not what is the matter with them. The trouble is that the muscular fiber is then too active, made so by the excessive irritation of the local disorder. Irritation of muscular tissue always causes contraction of its fiber. Such contraction well accounts for constipation.

We are a nation of constipated people, so constipated indeed that we have developed dyspepsia and neurasthenia. As I have already stated, the chief ill of "civilized" people is proctitis; the chief symptom of proctitis is constipation; the chief symptom of constipation is dyspepsia; and the chief symptom of dyspepsia is neurasthenia, and so on and on—all of them the outcome of imperfect elimination of morbid matter from the intestinal canal.

The common sense learned in the treatment of external parts should be applied to such diseased portions of the body as the anus, rectum, etc.

## Efforts to Overcome Constipation

Common sense declares that an enema ought to be used on all occasions of undue retention of the contents of the bowels. It is the only sensible thing under the circumstances. Yet, for the last four hundred years, only independent men and women have had the courage to proclaim its merits, since the subject was under the ban of both laymen and physicians. Now that we have learned the absolute necessity of such a device, it is to be hoped that the taboo will be removed, and that the numerous victims of proctitis will be instructed in the wisdom of availing themselves of the valuable aid of the enema in either curing proctitis or preventing it from growing worse, while they are at the same time securing relief through its use by the removal of feces and gases several times daily, thus preventing the absorption of poison, which the retention of waste invariably facilitates.

## CHAPTER II.

### PATHOLOGY OF THE ANUS AND RECTUM ; OR, THE GENESIS OF CONSTIPATION.

WHEN an affliction is seemingly universal it is reasonable to conclude that it springs from universal conditions. Proctitis, the most widespread disease of civilized man, originates very early in life, and develops in after years numerous painful symptoms—such as piles or hemorrhoids, constipation, etc.

Now, what is the most common exciter of proctitis, which, as has been said, is an inflammation of the mucous membrane of the anus and rectum ? In my earlier work, *Intestinal Ills*, I have shown that inattention to the soiled diaper is generally the original cause of this most grievous of ill, with its train of malign consequences continuing throughout the victim's life on earth. Unnoticed by nurse or mother, the inflammation of the anus and rectum makes headway with each subsequent soiling ; and thereafter, when the use of the diaper is dispensed with, inattention to the normal action of the bowels, improper food, the resort to purgatives, stimulants, and opiates, play no small part in aggravating the existing malady.

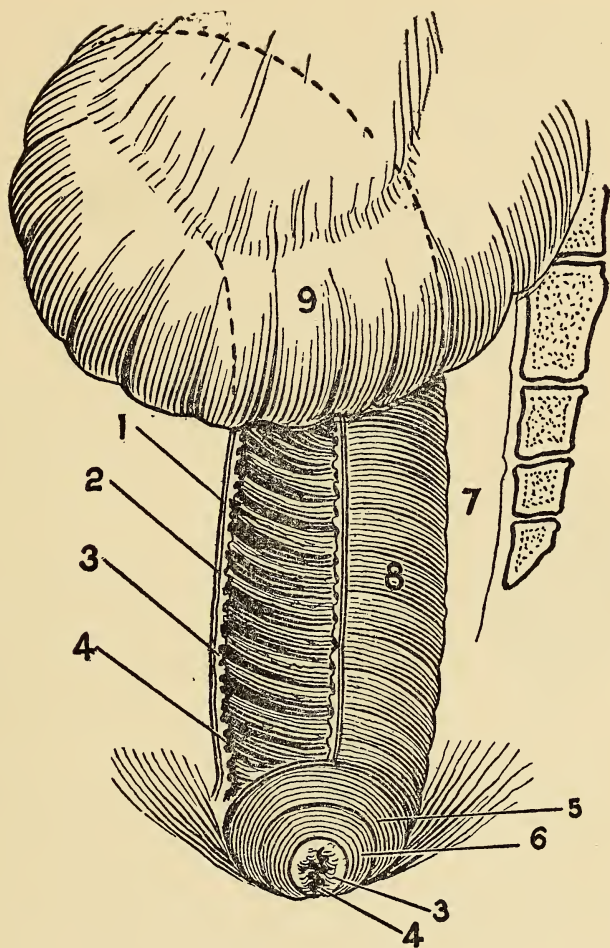


FIG. 1.

A portion of the wall of the rectum has been removed exposing various layers: 1, serous layer; 2, muscular layers; 3, 3, submucous layers; 4, 4, mucous membrane; 5, internal sphincter muscle; 6, external sphincter muscle; 7, circular muscular bands forming the rectum; 8, rectum; 9, sigmoid flexure. (See Fig. 7, showing the longitudinal muscular bands.)

## Intestinal Irrigation

The first care-taker of the infant is therefore responsible for the initial process, which progresses to a chronic condition by subsequent inattention. She is indeed solicitous over the inflamed buttocks of her charge, but overlooks the far more dangerous inflammation of the mucous membrane of the anus and rectum, or she does not realize its insidious and subtly progressive character. Candidates for motherhood should be instructed on this momentous subject.

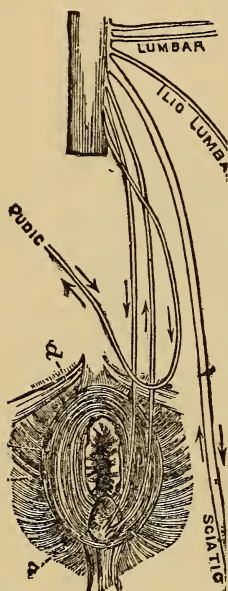


FIG. 2.

*a*, Ulcer on sphincter ani. *b*, Filaments of two nerves are exposed on the ulcer, the one a nerve of sensation, the other of motion, both attached to the spinal marrow, thus constituting an excito-motory apparatus. *c*, Levator ani. *d*, Transversus perinei. (Hilton.)

There are other exciting causes of proctitis, but, since they are exceptional when compared with the neglected diaper, we need not concern ourselves with them at present.

The muscular coat of the rectum consists of two layers: an inner circular and an outer longitudinal band. The inner circular layer of muscular tissue of the rectum forms the internal sphincter muscle; and the outer longitudinal bands merge with those of the external sphincter. The anal orifice is closed or guarded by two strong sphincter muscles, as shown in Figs. 1, 2, and 3.



## Pathology of the Anus and Rectum

These muscles are abundantly supplied with nerves, of which branches are distributed to the bladder and other adjacent organs, which accounts for the

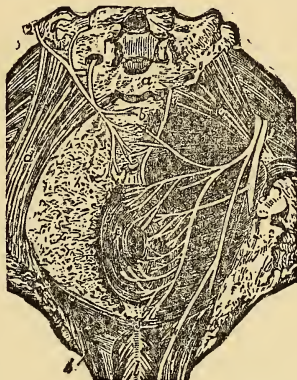


FIG. 3.

*a*, Sacrum. *b*, Coccyx. *c*, Tuberosity of ischium. *d*, Posterior or larger sacro-sciatic ligament. *e*, Anterior or small sacro-sciatic ligament, with the pudic nerve passing over its posterior aspect, and proceeding to the rectum and penis. *f*, Sphincter ani receiving its nervous supply from the pudic nerve. Portions of the muscles have been cut away, in order to show nerve filaments going to the mucous membrane, through the muscular fibers. *g*, Levator ani. *h*, Fat and areolar tissue occupying the ischio-rectal fossa and covering the levator ani. *i*, Transverse muscles of perineum. *k*, Erector penis. *l*, Accelerator urinæ. *1*, Pudic nerve. *2*, Posterior sacral nerves proceeding to posterior part of the coccyx and to the sphincter ani. *3*, Anterior sacral nerve (4th) supplying the sphincter ani. (Hilton.)

sympathy of these organs and their grave disturbance when disease inheres in the anus and rectum.

The orifice used for the elimination of undigested food and waste matter plays quite as important a part in the organic economy as the orifice that is employed for receiving food. Normal elimination,

## Intestinal Irrigation

physiological and psychological, is the correlative process to prehension (seizure or appropriation), and the concord of the two forms the key-note of the organism.

The muscles and tissues constituting the anal vent should be as flexible and responsive to the will or desire of the rectum for relief of its contents as the lips are in permitting the saliva to escape. In like manner the upper portion of the rectum (Figs. 6 and 8) should respond with instant readiness to the effort of the sigmoid flexure to expel its contents. But an abnormal condition like inflammation rooted in the anus and lower part of the rectum (Fig. 1, 4-4) will inhibit the passage of the pressing burden above them, which inhibition will cause the inflammation to extend to the sigmoid flexure, and thence on to the colon proper; and sooner or later the inflammation will penetrate the sub-mucous coat (Fig. 1, 3-3), which is composed of fatty or areolar connective tissue in which trunks of nerves and blood-vessels are imbedded.

The first symptom of inflammation is undue redness, followed by slight puffiness of the anal and rectal mucous membrane (Fig. 1, 4-4), with more or less sensitiveness of the tissues involved; and as its irritability increases there is more or less contraction of the muscular tissue forming the anus and rectum, which lessens the diameter of their bore. And the consequence of this contraction is of physiological concern to the victim, for in proportion to the contraction the normal demand of



## Pathology of the Anus and Rectum

the victim for relief of the impending feces and gas is modified and lessened.

In health, the anal canal is from two to three inches in length, and it will distend about two inches—an elasticity quite equal to that of any other orifice of the body. As the anal tissues are usually the first to be invaded by disease, it is but natural that the obstipation or constipation should occur right above it—namely, in the rectum. The average length of the rectum is about six inches, and when the disease invades its whole length the constipation occurs in the sigmoid flexure and may thence extend to the colon.

The filling of the intestine with feces and gases usually occurs just above the diseased portion of the gut; but at the same time the walls of the affected part of the canal are more or less coated with feces, and its abnormal pouches here and there contain more or less liquefied or dried feces. A diseased canal cannot expel all of its contents, since its normal expulsive power is gone. Some of the feces somehow or other gets down and out, but a larger portion inevitably remains. It is for this reason that a diseased intestine always reminds one of the Augean stable. It is simply marvelous that the human body continues as a living organism with so much filth and bacterial poison stored in its alimentary canal, and the vaults that result from abnormal pressure during periods of fecal impaction (Fig. 4).

When the inflammatory process extends up the

## Intestinal Irrigation

rectum and at the same time into the spongy, fatty, or areolar tissue under the mucous membrane (Fig. 1, 3-3), thence to the muscular and serous layers (Fig. 1, 2-1), or through the four layers of tissue comprising its wall, we have a more marked and serious occlusion (closing) of the organ than when only the mucous membrane was affected. When muscular tissue is inflamed, its tendency is to contract and become solidified by an adhesive inflammatory product secreted between the circular and longitudinal muscular fibres (Fig. 1, 7, and Fig. 7). Often the circular or sphincter muscles forming the anal canal have to be distended to bring about a more normal vent. The same pathological conditions that occasion contraction of the anal bore or caliber occur, more or less, as far up the gut as the disease has advanced.

In a normal state of the lower bowel the sigmoid flexure passes its contents into the rectum, and the desire to defecate is reported—that is, the impulse to stool becomes more or less urgent until it is performed. But when all four coats of the anus and rectum are diseased, with perhaps a portion of the sigmoid flexure also, it is very difficult for the healthy portion of the sigmoid flexure and the colon to discharge their contents into the rectum ; consequently no call, impulse, or desire reaches the mind. Constipation will then ensue, for the stool, not being called for, is not performed. Every demand of a healthy portion of the intestine is answered by increased contraction of the muscles of the diseased portion

## Pathology of the Anus and Rectum

of the rectum. While the war between the healthy and the diseased sections of the bowels goes on, the victim naturally concludes that there is no occasion or demand for defecation, and he attends to other affairs, ignorant of the fact that he is thus making a fatal mistake.

The first condition that ensues is the tendency of the rectum to fill unduly with feces and gases, impelling the victim to "strain" in order to force the feces through the constricted anal canal. After a while the sigmoid flexure and colon will fill unduly, and then the victim will form the habit of waiting for the feces to descend, and of straining to expel what little manages to escape through the diseased gut.

A portion of the imprisoned feces in the healthy section of the intestine sometimes, at an unguarded moment, manages to distribute itself along the length of the diseased and constricted canal, where it is retained indefinitely, increasing the local irritation. And when the fecal mass accumulates sufficiently in both the healthy and the diseased portions of the intestines to set up a vigorous excitement, the victim may, by the aid of his waiting and straining habit (which habit, by the way, only torments and bruises the chronically diseased organs), bring on some sort of evacuation. In the early history of the disease this habit may serve for a time; but, as the disease progresses, the "laxative" habit is formed, which, in turn, settles into a chronic "drug" habit for all sorts and conditions of gastro-intestinal and other ills, which inevitably ensue. As the rav-

## Intestinal Irrigation

ages of chronic inflammation of the anus and rectum increase, the symptoms rapidly multiply, till finally the victim, in desperation, feels that he must find additional sources of relief—and, among other habits, he forms the “diet” habit.

The order of abnormal habits brought into existence by ulcerative inflammation of the anus, rectum, and colon is about as follows: (1) the habit of unduly retaining the feces in the rectum; (2) the habit of straining at stool; (3) the habit of unduly retaining the feces in the sigmoid flexure; (4) the habit of resorting to the use of purgatives, pepsin, and other drugs; (5) the chronic “physic” habit; (6) the foolish “diet” habit; (7) the gastro-intestinal neurasthenic habit; (8) the health-resort habit; (9) the habit of trying desperately to appear agreeable while feeling really ill; (10) the habit of blaming the liver for all direful feelings, physical and mental.

It is but natural that the lower portion of the rectal and anal structures should be affected more severely than any other portion of the intestines by the ulcerative, inflammatory process. The sphincter muscles are very strong, as a rule, and fill their office only too well when the anal and rectal canals are in a diseased state, for they effectually prevent the contents from escaping. Often their contraction or stricture is so great that their expansion is limited to from one-fourth to one-half an inch. This virtually permanent closure of the anal vent naturally results in an accumulation of

## Pathology of the Anus and Rectum

feces just above it, or in the lower portion of the rectum, which accounts for the dilatation, stretching, or ballooning of the anal and rectal tissues immediately above these muscles, as shown in Fig. 4.

In not a few cases where dilatation of the rectum exists, the upper half or more of the anal canal is also dilated, leaving an anal canal only an eighth of an inch in length in some cases; in other cases, perhaps half an inch to an inch.

Similar dilatation of the sigmoid flexure occurs as the result of the severe contraction of the upper half of the rectum, and especially at the bend shown by Fig. 6 and Fig. 12. This bend forms quite a sphincter for the normal receptacle—the sigmoid flexure. Here also prolapse, distention, and dislocation of the sigmoid flexure may occur, somewhat similar to the anal prolapse from disease and abuse.

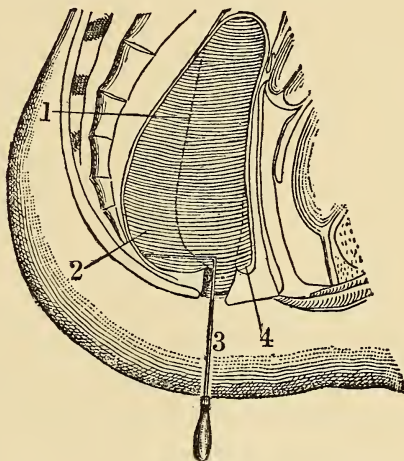


FIG. 4.

1, The dotted lines indicate the normal direction of the anus and rectum; 2, 4, the cavities or pouch formed by dilatation or ballooning from the storage of impacted feces; 3, a probe bent at right angles, and introduced through a speculum, to ascertain the depth of the pouch, which is frequently found to be two and a half inches.



## Intestinal Irrigation

Piles and itching of the anus are symptoms of proctitis, or inflammation of the anus and rectum. Why should we find such dissimilar symptoms proceeding from the same cause? The reason is plain when we consider the results following chronic inflammation of the mucous membrane of the anus and rectum and the deeper tissues. Those who suffer from catarrh of this membrane are familiar with the discharge of mucus that appears from time to time during the progress of the inflammation. But, as the inflammation penetrates the mucous membrane and the underlying tissues of the anus and rectum, the escape of the inflammatory product is prevented; and this imprisoned fluid must either be absorbed by the system or retained in reservoirs or in channels wherever the least resistance is offered to its invasion.

The mucous membrane of the anus and rectum is loosely attached to the subjacent parts by areolar tissue (Fig. 1, 3-3), which is sufficiently lax to allow an expansion of two inches; and in a puckered or contracted state the membrane is thrown into folds, or into shallow or deep wrinkles. The loose areolar attachment and folds of various depths afford space for lodgment of the inflammatory discharge, which channels its way down along the folds through the areolar tissue under the mucous membrane to that of the integument, and so on for a distance of a foot or more from the anus in some cases.

## CHAPTER III.

### THE FORMATION OF CHANNELS, PILES, AND FISTULAS.

SHOULD channels, of varying length and numbers, form early in the development of proctitis, the sufferer is usually found to be free from piles, or hemorrhoids, for the reason that the channels have afforded an outlet to the inflammatory product. The formation of lengthy channels also prevents to a great extent the development of skinny tabs round about the integument of the anus. This is some compensation to the sufferer for the labor of scratching and for enduring the painful itching so often present. Some suffer only from pain along the channels themselves, while others experience a slight disturbance of the nervous system ; yet all must be more or less poisoned from the absorption of so large an amount of the contents of the channels and cavities.

In the cavities and along the channels the areolar tissue is of a mahogany color, and no channel is traced to its end so long as the tissues present a bruised, inflamed appearance. In some cases the inflammatory product has destroyed the areolar tissue attached to the integument at and near the anus, frequently to the extent of leaving a hollow

## Intestinal Irrigation

space or cavity of surprising dimensions. I have met only a few cases in which the channels were opened by pus forming in them. Those that are very shallow, the walls being friable, may break and form a fissure of the anus; or a little anal fistula may arise from a slight suppuration at its end in the integument near the anus.

In cases where the channels are few and short, whether itching be present or not, the pile tumors are likewise few and of moderate size, demonstrating the intimate relation of the aggravation of either of the symptoms or the moderation of both in the same case. Very frequently pile tumors have channels extending from them to the junction of the mucous membrane and integument of the anus, or even under the integument about the anus, forming rugæ, or tabs.

The number and size of pile tumors would seem to depend on how completely the inflammatory product is imprisoned in the tissues in what is termed the "pile-bearing" region. Often the treatment of piles, or hemorrhoids, aids very much in the cure of itching at the anus—by destroying a part of the channels involved in the pile structures in the mucous membrane of the lower end of the rectum and extending along under the anal membrane and the integument of the anus.

The meshes and layers of the mucous membrane, as well as the space occupied by the areolar tissue, are stretched or pouched by the inflammatory product.



## Channels, Piles, and Fistulas

My observation forces me to conclude that the inflammatory product imprisoned in the areolar meshes, between the mucous membrane and the muscular layers, is the principal factor in forming piles and the channels so often found in the same region. Of course, obstructed circulation, congested veins, capillaries, and arterioles, and a more or less apparent varicose condition, increase the size of the pile tumors and the general thickness of the mucous membrane over the region affected by the disease.

The process occasioning the separation of the mucous membrane from its areolar attachment or bed often extends the whole length of the rectum, giving the mucous membrane the loose and raised appearance that a piece of thin silk would have if laid on over that surface. The fatty or areolar tissue under the skin about the anus suffers likewise by being destroyed, leaving a hollow cavity or a large channel of great length under the skin. The separation of the mucous membrane and integument about the anus from their areolar attachment permits of prolapse of the mucous membrane and integument that form the anal canal and skin around the orifice.

It would seem that the channels, pile sacs, and cavities serve as temporary reservoirs for the inflammatory product, a portion of which the system absorbs and another portion of which escapes through the mucous membrane and integument. In escaping in this way it occasions itching and

## Intestinal Irrigation

pain. The itching or soreness does not in all cases extend throughout the whole length of the channel. A few inches of the channel farthest from its origin may be the seat of the greatest disturbance, and the sufferer and physician alike are usually unaware that the source of the trouble is in the tissues of the anus and rectum.

The marked improvement in the health of those that have been cured of both the morbid condition produced by the inflammatory product and the cause of that condition is evidence that the general vitality of the system had been greatly lowered, even though the most annoying of the symptoms, such as piles, itching, or acute pain, had not been present. The lack of annoyance along the channel for a certain period may be due to a limited production, or to a rapid absorption of the inflammatory product by the system.

Proctitis and the attendant symptoms just described have been overlooked by the medical profession. Physicians have confined their attention to two symptoms — piles and fistula. After undergoing a surgical operation for these, the patient is considered cured. What ignorance, or rather short-sightedness, to remove only the annoying symptom, and then to pronounce the patient healed! Let me ask my professional brethren why they do not concern themselves with the underlying *cause* of the symptom or symptoms, and whether they suppose this cause is going out of business. Surely it is a grave mistake to concern one's self

## Channels, Piles, and Fistulas

with the leading symptom merely — to remove that, and to leave its cause intact. When the disease-producing cause remains to generate its poisonous effects in the system, opportunities exist for further symptoms to develop.

The system may be already depleted of vitality, and the harsh treatment for the purpose of removing a mere symptom may only make the sufferer's condition more deplorable — if it does not indeed cause death.

There are other symptoms of proctitis than piles and fistula, which remain after the conventional surgical operation for their removal. Obstipation and constipation are usually symptoms of proctitis, and will persist until the inflammation in the upper half of the rectum and sometimes in a portion of the sigmoid flexure is cured.

The victim of proctitis has two marked sources of poisoning of the system: one proceeding from the absorption of the inflammatory product, and the other from undue retention of the waste matter of the body that should pass out by the lower bowel.

Inflammation of a mucous membrane causes structural changes in the tissues involved in the morbid process, and not infrequently it becomes the seat of a malignant disease.

The reader may be familiar with the white, loose, alveolar (honeycomb-like) network of elastic tissue (called fat) just under the skin and mucous membrane. Consult in this connection the cut on page 24.

The abdominal and pelvic organs are cushioned

# Intestinal Irrigation

or held in place somewhat by the network of fatty tissue that surrounds them, and the rectum is no

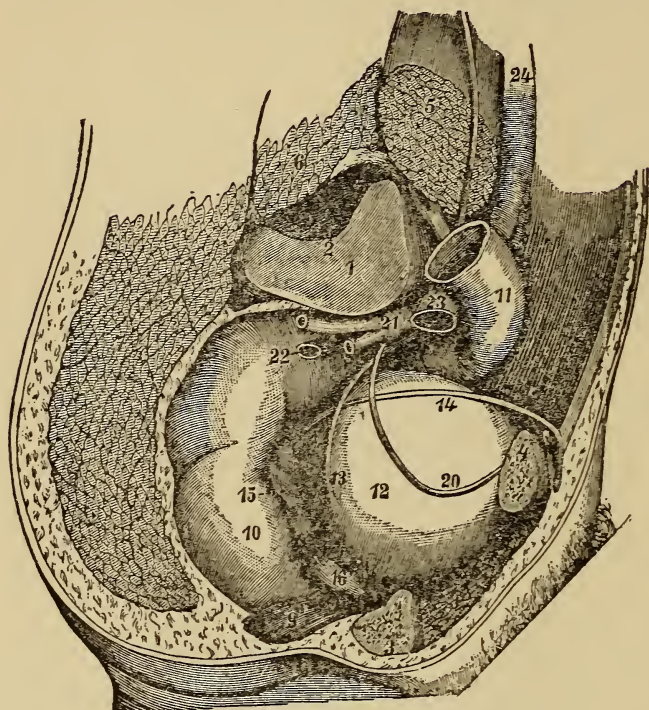


FIG. 5.

Male pelvic organs viewed from the right side (the right ilium and a portion of the ischium and the pubic bone, together with their soft parts, have been removed). 1, auricular surface of the sacrum; 2, tuberosity of the sacrum; 3, ischium; 4, pubic bone; 5, psoas muscle; 6, erector spinal muscle; 7, glutei muscles; 8, obdurator muscles; 9, external sphincter of anus; 10, rectum; 11, sigmoid flexure; 12, bladder; 13, ureter; 14, vas deferens; 15, seminal vesicles; 16, prostate; 20, lateral vesicle ligaments; 21, hypo-gastric artery; 22, hypo-gastric vein; 23, external iliac artery; 24, abdominal aorta. (Boas.)

exception to the rule. The outer or serous wall is surrounded by an abundance of loose areolar tissue,

## Channels, Piles, and Fistulas

which is divided into cellular spaces. When this tissue also is invaded by inflammation, the condition is spoken of as periproctitis; and we have a result somewhat similar to that which occurs in the areolar tissue just under the mucous membrane and integument, as previously described.

As the inflammatory product is discharged into this spongy or fatty connective tissue it is slowly forced in some direction, which is naturally downward, if not too much obstructed by firm tissue; at all events, it follows the line of least resistance and forms usually quite a large channel and several cavities along its course. The channel may begin at an elevation of four or more inches on the outside of the rectum (Fig. 5). Should it form in front of the rectum, the seminal vesicles (15) and the prostate gland (16) would suffer greatly by its presence.

As the inflammatory process burrows its way downward, it finally reaches the soft fatty connective tissue under the skin. It then continues along this in one or more directions for a distance of two or more inches. Several of these long, large pusless channels may exist for many years, or for a lifetime, without sufficient evidence of their existence along their route accurately to locate them. Itching, pain, and color of the skin often indicate the presence of such a channel under the integument. The author has frequently found large channels extending up along the outer rectal wall for four inches, and extending out into the deep



## Intestinal Irrigation

tissues of the buttocks in various directions, without making their presence and ravages known to the victim.

Such numerous pathological conditions have led the author to conclude that an abscess just under the skin and the discharge of pus are merely incidents in the history of such maladies. Think of it: your body may be bored with channels or holes of varying diameters and lengths, while you yourself may be ignorant of what is occurring! The mucous membrane may be lifted from the connective tissue for the whole length of the rectum, and the skin about the anus may also be in this condition. You know that your health is not good, but you are ignorant of the cause. The formation of pus at some period of the channel's inroads, or of an abscess, would seem a kindly act of Nature, for the presence of so serious a disturber to health would thus become known.

I have not overdrawn this picture of periproctitis and of submucous tissue channels. The victims could scarcely be worse off than they are. I want boys and girls, young men and young women, to learn the facts concerning the local dangers of proctitis; for, when they once realize the seriousness of this disease because of its many grave symptoms, they will give it proper attention before these effects manifest themselves. You cannot neglect so important a portion of your body as the anus and rectum and not seriously endanger the organs that lie close to them. No wonder so many

## Channels, Piles, and Fistulas

men are troubled with inflammation and induration of the prostate gland. The percentage of such cases would be greatly reduced were proctitis and periproctitis denied the existence they now enjoy for years, and often for a lifetime.

In view of all that has been advanced concerning these local pathological conditions, is it strange that almost everybody is constipated, and that we need some simple sovereign aid to further the scientific treatment of the physician—an aid such as the enema has proved to be?



## CHAPTER IV.

### UNDUE RETENTION OF GAS AND FECES IN THE SIGMOID FLEXURE.

IN the previous chapters attention was called especially to the lower portion of the rectum and the anus. In this chapter we will consider the sigmoid flexure, which, when diseased, is often dilated, dislocated, and depressed, a pathological condition somewhat similar to that found in the lower portion of the rectum and the anus.

The illustration on page 29 shows the normal relations of the rectum and the sigmoid flexure; also the whole colon. 7 marks the beginning of the sigmoid flexure, and 6 its upper end. The reader will note the four sharp curves or flexures of this organ,—from 6 to 7,—which forms in health a normal and most convenient receptacle for feces, and which, like the bladder, can be emptied at regular intervals.

Unless the system were able in some way to eliminate the waste and poisonous matter it had generated within six hours, it would fatally poison itself.

Those internal ventilators, the lungs, and those external ducts, the pores, are constantly at work

## Retention of Gas and Feces

purifying the body ; and they are actively assisted by the kidneys and the bladder. Observation extending over many years of practice induces me to believe that among those who suffer from chronic constipation two-thirds to three-fourths of the fecal mass is taken into the system and eliminated by the kidneys, mucous membrane, and skin. Diseases of the above organs are numerous and seemingly incurable from the fact that their common cause has not been discovered and treated properly. Were it not for these organs steadily at work, the labor of the bowels would be of little avail. But while the importance of the former cannot be ignored, it must be conceded that the most important of all the eliminating organs are the bowels, for their function is to discharge not only the waste solids but also a great amount of waste liquids and gases as well.

Undue fermentation of the ingesta (the aliment taken into the system) generates poisons of more

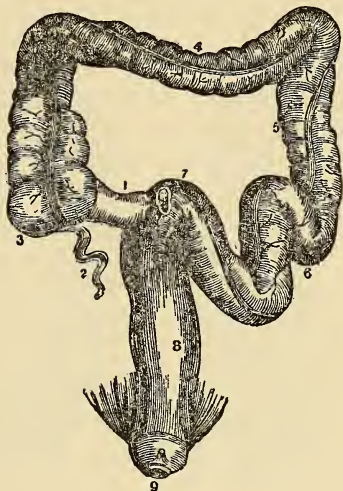


FIG. 6.

9. The anus. Levator ani muscle seen on each side. 8, 8. The rectum. 7. Beginning of the rectum. 6. The sigmoid flexure. 5. The descending colon. 4. The transverse colon. 3. The cæcum, or *caput coli*. 2. Appendicula vermiformis. 1. The end of the ileum.

## Intestinal Irrigation

or less virulence ; it must therefore be obvious that a clean intestinal canal is necessary after every meal to further the normal digestive process.

Very often the outlet of the sigmoid flexure is ob-

structed. Figures 6 and 7 are shown to make the cause of this obstruction more clear. In Figure 7 we see the longitudinal and transverse fibers that form the wall of the rectum. In all cases of chronic obstipation, the muscular structure of the anus, rectum, and frequently of a portion of the sigmoid flexure is invaded with

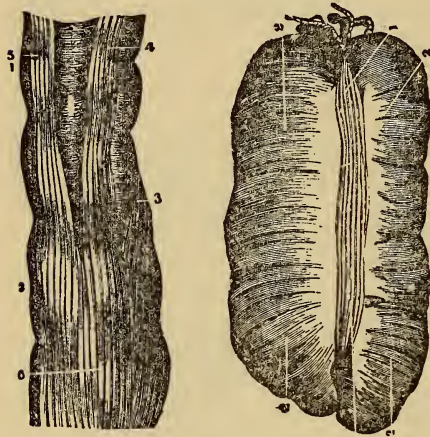


FIG. 7.

A view of the longitudinal muscular fibers of a section of the rectum : 2, upper portion of the rectum ; 3, 4, 5, the three bands of longitudinal fibers of the colon continued upon the rectum ; 6, the longitudinal muscular fibers of the rectum formed by the expansion of those of the colon. A view of the muscular coat of the colon : 1, 1, one of the bands of longitudinal muscular fibers ; 2, 2, the circular fibers of the muscular coat.

chronic inflammation of a very severe and serious character.

What is the result of this inflammation? Self-evidently contraction of the muscular structure, as you would quickly enough discover were one of your hands or arms inflamed.

## Retention of Gas and Feces

Though constant attention should be given to the much more important organ, the rectum, practically none is given it. "Out of sight, out of mind."

Again, no doctor would diagnose an inflamed limb as paralysis, atony, etc., and dose the victim with *nux vomica*, tonics, physic, etc., in the hope of thereby healing it. Yet, with singular fatuity, this absurd diagnosis and treatment is given when the lower bowel is invaded with chronic inflammation.

Let the common-sense reader inform himself concerning his organism. Let him remember that he has within muscular organs that demand exactly the same attention when diseased as those without. This fact is especially important for the sufferer from constipation or semi-constipation to know.

Were the anus, rectum, and sigmoid flexure one continuous straight tube, the muscular action in the process of defecation would not be as complex as it is, since then the feces would drop right down and out. But these parts have so many curves and angles that when disease invades their interior they accentuate their folds and valves by contracting and do not readily respond to the nerve demand for complex, muscular, snakelike movements, when evacuation is desired. In this unreadiness to respond they cast into confusion all the functions of the whole complicated organism, all parts of which are necessarily interdependent. A wise provision of Mother Nature are these curves, angles, and valves,

## Intestinal Irrigation

for they prevent the sudden dropping of the contents of the colon down to the anal orifice—a possibility that would greatly embarrass us during social and business hours.

The accompanying figure shows the rectum dissected at its upper end from the sigmoid flexure. This portion of the rectum is smaller than the lower two-thirds of the organ. Now, it is this lessened diameter of the gut that is an aid to the sigmoid flexure in its capacity as a receptacle, but a most decided hindrance when it is diseased—since it will positively inhibit the passage of feces and gases, thereby occasioning a distention of the sigmoid flexure (obstipation) because of a detention of the contents, which then weights the flexure down upon the rectum. Thus we see exemplified how an aid may turn into a hindrance, as we already have observed, in an unduly contracted anal vent.

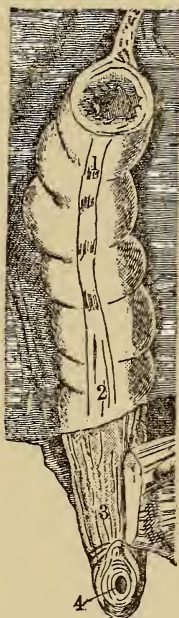


FIG. 8.

The *rectum* is not straight, as the word itself would indicate, but curves to the right, then back well on to the spine, and then forward to the anus, which turns slightly backward from the lower anterior portion of the rectum.

When these muscular-tube organs are invaded by disease, these very curves, valves, and bends of



## Retention of Gas and Feces

anus, rectum, and sigmoid flexure are responsible for at least nine-tenths of the ills that affect humanity from the cradle to the grave — ills directly due to self-poisoning, technically known as auto-infection and auto-intoxication, the fashionable name of which is neurasthenia : a weakening of involuntary and voluntary nervous systems through lack of vent from irritating poisons, flatulency, and of course defective metabolism or nutrition. A better name would be *vaso-motor neurasthenia*.

After these anatomical and physiological points have been noted, it is to be hoped that the reader has grasped the idea of how easily this portion of the bowels, when diseased, can prevent the normal descent of the feces and gases accumulated just above the diseased portion of the gut. It should also be easy to understand how a portion of the unduly retained feces may pass out, but in so doing be the cause of increased irritation and consequent contraction of the muscular tube, preventing thus any further passage of feces from its receptacle. Usually a portion of the escaping feces is caught and held in the rectum itself, converting the rectum into a receptacle.

It is just here that the practical application of the principles deduced must come in. Let my professional brethren as well as all victims of bowel disease consider the following question, and then all will be clear : Since normal feces contain about 75 per cent. water, is there any harm, nay, is there not decided benefit, in suddenly liquefying the im-

## Intestinal Irrigation

prisoned mass to, say, 99 per cent.—whether disease exist or not?

When disease exists we simply desire to open the contracted or obstructed canal. What can be better, in a therapeutic line, than the kindly distending influence of warm water to overcome the spasmodic closure of the diseased tube? In addition to the gentle dilatation the injected water occasions, the water creates or calls into activity the lost nervous impulse to evacuate, which impulse is a step toward the restoration of the lost normality.

Under the benignant influence of the water injected in the large intestine there comes a desire to expel it, which, when responded to, carries with it the feces so long imprisoned, and at the same time divests the walls of the intestine of the inevitable incrustations.

Thus, with purifying water, the foul pool is emptied, and the parts are cleansed so thoroughly that nothing is left to vex the inflamed tissue.

Is there any sane person that can offer one valid objection to the use of depuratory enemata in cases in which the normal function of the bowels is lost through abnormal changes brought about by chronic disease?



## CHAPTER V.

### REBELLION OF OUR OUTRAGED INTERNAL ECONOMY.

THE small intestine is that portion of the alimentary canal which begins at the stomach and ends at the large intestine. Its usual length is twenty feet. The diameter, which at the upper portion (duodenum) is two inches, gradually becomes less, until at the lower end it is but one inch.

Now, the length of the inner coat of this small intestine—the mucous membrane—is about *double* that of the intestine itself. Think of wearing a coat twice as long as yourself! How do you think this is accomplished in the case of the muscular tube under consideration? Well, Nature, having a most peculiar function to perform, has thrown this mucous coat or tube into a thousand folds (*valvulæ conniventes*, or “winking valves”). These folds form valves, occupying from one-third to one-half the circumference of the bowel. The greatest width of each fold is at the center, where it measures from a quarter to half an inch. Over this great expanse of mucous membrane we find studded ten million five hundred thousand intestinal

## Intestinal Irrigation

villi, whose office it is to absorb the food substances in their passage through the canal.

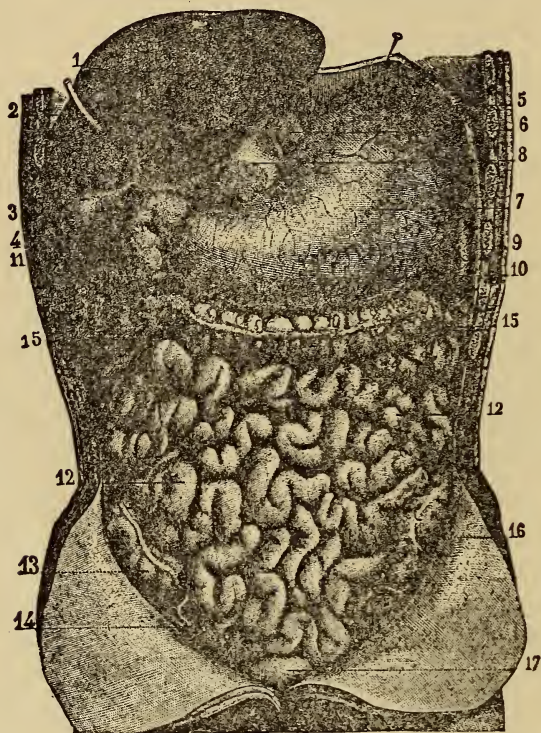


FIG. 9.

Stomach, liver, small intestine, etc. (Flint.) 1, inferior surface of the liver; 2, round ligament of the liver; 3, gall-bladder; 4, superior surface of the right lobe of the liver; 5, diaphragm; 6, lower portion of the œsophagus; 7, stomach; 8, gastro-hepatic omentum; 9, spleen; 10, gastro-splenic omentum; 11, duodenum; 12, 12, small intestine; 13, cæcum; 14, appendix vermiformis; 15, 15, transverse colon; 16, sigmoid flexure of the colon; 17, urinary bladder.

Those that have observed the anatomical illustrations of the small intestines must have been struck by their apparently inextricably tangled

## Rebellion of our Internal Economy

convolutions. In life, these convolutions are constantly changing their locations, as though they were a mass of worms.

The large intestine begins at the cæcum and extends to the anus, or vent of the intestinal sewer. It is called the colon—the ascending, transverse, and descending colon. It is about five feet in length. Its diameter is the greatest at the cæcum, where it measures, when moderately distended, two and a half to three and a half inches. Beyond the cæcum the diameter is one and two-thirds to two and two-thirds inches, the smallest part being at the upper end of the rectum.

The muscular movements of the large intestine are much more limited in number and range than those of the small intestines. The area of its mucous membrane is also much less, notwithstanding the fact that it is thrown into sacculated pouches, or sacculi, by the contraction of the longitudinal muscular bands of the bowel.

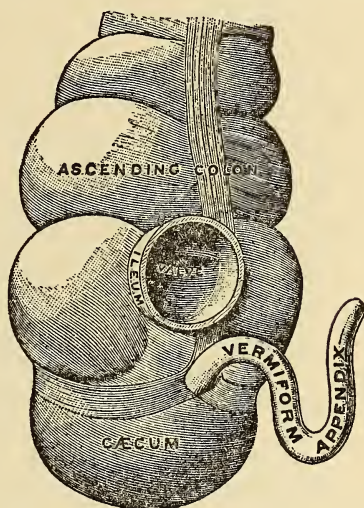


FIG. 10.

The cæcum, dorso-mesial view, showing the ileum-side of the ileo-cæcal valve, and the beginning of the three muscular ribbons. (Gerrish.)

## Intestinal Irrigation

Consider this tube, for it is really unique. Note the longitudinal muscular bands (Figs. 12 and 13). We find this tube to be five feet long when the

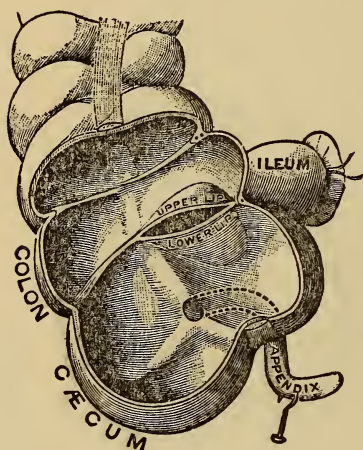


FIG. 11.

Cavity of the caecum, its front wall having been cut away. The ileocaecal valve and the opening of the appendix are shown. (Gerrish.)

surface made by the circular bands is measured, and four feet long when that made by the longitudinal bands is measured. Now, the four feet of surface must of course contract the five feet. Well, in the tube under consideration, the musculo-areolo mucous tube is thrown into circular puckerings in short sections, between which are deep trans-

verse creases, each bounded by prominent bulges. (Fig. 13.) An inspection of the bore of the tube shows a sharp ridge corresponding to each depression of the outer surface, and a large recess collocated with each external protrusion. This external and internal appearance of the large intestine reminds one somewhat of the flexible hard-rubber tubing used as a conduit for electric wire in houses.

The sacculated pouches thus formed by the shortening of the bowel may become abnormally



## Rebellion of our Internal Economy

distended, and resemble the proper receptacle for feces—the sigmoid flexure. Even the rectum, in



FIG. 12.

A view of the position and curvatures of the large intestine. 32, end of the ileum; 31, appendix vermiformis; 4, cæcum; 3, ascending, 2, transverse, 8, descending colon; 9, 9, 9, sigmoid flexure; 10, 10, rectum; 12, anus; 13, 13, bladder; 11, 11, 11, peritoneum—length from 4 to 6 feet, and a mean diameter of about  $1\frac{2}{3}$  to  $2\frac{2}{3}$  inches. The sigmoid flexure is a receptacle for the feces, and each end is the highest and bent on itself; this arrangement spares the rectum and sphincters of pressure and weight until the proper time to stool.

## Intestinal Irrigation

cases of chronic constipation, is usually enormously distended, owing to the overloading or filling up of the bowel with feces.

I have given this somewhat lengthy *résumé* in

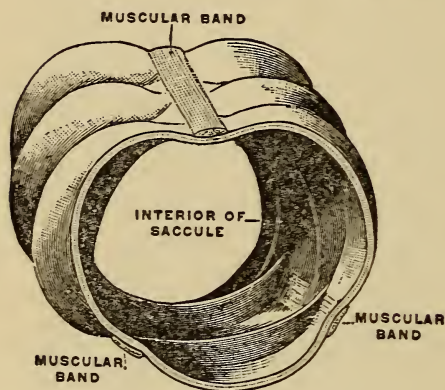


FIG. 13.

Segment of large intestine, showing the characteristic features of its structure. (Gerrish.)

order to enable the reader to appreciate a most pertinent question.

Let us see what we have found: The small intestine, with its manifold folds and its numerous pockets, made by the forty

feet of mucous membrane; the bends and curves in the five feet of the large intestine, with its numerous dams and pools; and, lastly, the abnormal reservoirs for feces, liquids, and gases.

Finding this, the question inevitably is, What is the best agent for cleansing this marvelously sensitive canal, twenty-five feet long, whose mucous membrane extends forty-five feet? No one would think of taking, if he could, the foul sewer in his hands, and shaking it, fold upon fold, with the faint yet fond hope of sterilizing it. How can any mode of physical culture meet the requirements for effecting a cure of ulcerative proctitis and colitis, to say

## Rebellion of our Internal Economy

nothing about keeping the bowels sweet and clean? Chronic, subacute, and acute inflammation, accompanied with ulceration, located in any part of the body, requires rest to overcome the fever and congestion. Muscular exercise irritates and inflames the diseased parts.

Another form of "physical culture" would put into the bowels all sorts of stuff that cannot be digested, such as bran, crushed seeds, shells, raw food, etc., that set up excessive muscular action and secretion of mucus as the improper stuff passes down and out. In the sacred name of hygiene, this new cathartic remedy is prescribed and taken. Seeking relief from the painful effects, the patient finds that these "remedies" make the disease and its symptoms worse. Hygienic fool-killers are, like the poor, always with us.

You are aware of the irritation that a grain of

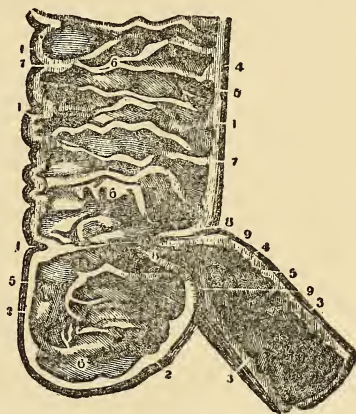


FIG. 14.

A longitudinal section of the end of the small intestines, or ileum, and of the beginning of the large intestines, or colon. 1, 1, a portion of the ascending colon; 2, 2, the cæcum, or caput coli; 3, 3, lower portion of the ileum; 4, 4, the muscular coat, covered by the peritoneum; 5, 5, the cellular and mucous coats; 6, 6, folds of the mucous coat at this end of the colon; 7, 7, prolongations of the cellular coat into these folds; 8, 8, ileo colic valve; 9, 9, the union of the coats of the ileum and colon.



## Intestinal Irrigation

sand will set up when it comes in contact with the mucous membrane of the eye. Then can you not realize that you will torment the forty-five feet of intestinal mucous membrane with like indigestible stuff? It is estimated that ten per cent. of the really suitable food is residue matter with which the digestive tract has to deal and get rid of with as much economy and as little friction as possible. Then why increase this residue twenty or fifty per cent.?

More than nine-tenths of the human race have been content to depend on comparatively violent excitants, such as drugs, coarse food, and muscular exercise, etc., to relieve the bowels of the feces, liquids, and gases of a most foul character—the foulness due to putrid fermentation and undue retention.

When will these prescribers and partakers ever learn that bile bouncers and peristaltic persuaders have an immense journey before them when they start to remove the foul accumulation of feces from the sigmoid flexure and ballooned rectum? For, be it remembered, the normal receptacle for feces is twenty-four feet four inches from the stomach, and the abnormal receptacle twenty-four feet eleven inches—within two inches of the vent of the body!

Surely quite a degree of mental constipation must have existed in both the prescribers and the partakers to think such thick and dense thoughts as are represented by these bouncers and persuaders. So you would *cleanse* the bowels with

## Rebellion of our Internal Economy

such unclean, poisonous, and irritating things! What amazing hope born of ignorance! Outraged Nature cries: "How long! how long! how long will my 'inards' be so abused in the name of cleanliness and yet remain so unclean? Ye benighted mortals, if ye would listen to me, your Mother, I would give ye a pure and wholesome prescription, for I would prescribe equal parts of enlightenment and water well mixed, and advise ye to take a portion of it fore and a portion of it aft, per os (mouth) and per anus. Thus and thus alone would I prescribe for ye; such and such alone is the way for ye to do; purify to cure, or cure by purifying."

Constipation must not continue, for it means not only the clogging up of the large intestine with the foul sewage of the system, but also the drying of that sewage, which latter process implies the absorption of poison. Now that you are in this condition, Medicus steps up and prescribes a cathartic mixed with belladonna or opium, or both. These latter are meant to quiet the mournful cry of outraged Nature when the cathartic invades its sacred precincts. And it may be noted, by the way, that though belladonna, atropine, morphia, etc., tend to dry up the secretions of the mucous membrane and make matters worse by making them still more arid, still the action of the cathartic is usually so powerful that after the free fight with the pain soothers it triumphs, and produces a free flow of watery secretion into the dried, impacted mass of the bowel.

## Intestinal Irrigation

Does it not stand to reason that the greater portion of the liquid in which the feces were dissolved and had fermented is re-absorbed into the system? Why should the poor victim of proctitis and cathartics wonder why he has gout, rheumatism, and disease of the kidneys, bladder, lungs, liver, stomach, nerves; why he has neurasthenia, debility, feebleness, loss of memory, inability to fix and hold the attention upon a single line of thought, apprehensions, etc.? His wonder is childish, for deep in his heart he knows that he poisoned himself. He knows this, but it seems that he must be reminded of the fact that there is a better way to remove the accumulated mass from the large intestine, and to prevent in future the undue retention of feces, liquids, and gases in abnormal sacs or pouches. The way that Nature prescribes is the resort daily, two or three times, to the enema.

When the injected water reaches the imprisoned and dried feces, the crust is loosened from its holdings and the mass is moved toward the exit by the expulsive effort of the bowels. Previously the bowels were helpless with their load. As the sudden flood of water is expelled it carries with it the inspissated feces; whereupon the subconscious personal Ego, who is the superintendent of the digestive apparatus and functions, congratulates himself on the delightfully refreshing manner in which the local disturber has been ousted.

Such is the satisfactory decision of the arbitrator—Enlightened Nature. No longer need we bow

## Rebellion of our Internal Economy

to Medicus or to any other kind of "cuss," whether styled hygiene or physical culture. Arbitration of this sort makes life worth living.

Now for Nature's benediction: "May that feeling of freedom from uncleanness, internal and external, be with you constantly, and this double blessing make your joys flow so fast that in their rapidity they blend into a sun and radiate from your rejuvenated physical being."

## CHAPTER VI.

### GASEOUS OBESITY AND OUR ROLY-POLIES.

IS there any human being so ignorant that he cannot understand that when food stuffs in the gastro-intestinal canal ferment and putrefy they thereby generate toxic (poisonous) gaseous matter, volatile fatty acids, and putrid feces; that such matter, acids, and feces are rapidly absorbed by the system, and that, if the system does not readily eliminate them by way of the bowels, kidneys, and mucous membrane, they will tend to bring on one or more forms of acute or chronic disease?

Gas is matter in its most rarefied state—a state that permits its easy entrance into all the tissues of the body, where it perverts by its presence and toxic effect the normal function of all the organs. Besides its poisonous infection, it distends or bloats the stomach, bowels, and tissues—a fact especially noticeable in the abdominal region, giving the appearance of corpulency or obesity to many, when really it is only abdominal ballooning or gaseous obeseness. Roly-polies—and there are a great many of them—will have their pride greatly hurt by accounting for their condition in this way, but the truth must be told and they might as well face

## Gaseous Obesity and Roly-Polies

the facts first as last. Gaseous obesity, or borborygmus, is spoken of popularly as wind in the stomach and bowels. No wonder the roly-poly is sensitive on the subject, for this "wind" occasions rumbling sounds, eructations, and offensive odors—all of which are a great annoyance to the sufferer from dilated, displaced, and unclean digestive apparatus.

Besides being generated in the system, gases may be swallowed during the act of eating, in the form of air (oxygen and nitrogen), and in liquids containing carbonic acid, sulphuretted hydrogen, etc.

Micro-organisms swallowed with the food will occasion fermentation of the contents of the stomach and bowels, which if unduly retained become excessive, foul, and toxic—therefore extremely harmful to the system.

The gases generated in the stomach are the following: carbonic acid, hydrogen, hydrochloric, ammonia, sulphuretted hydrogen, marsh gas, etc. They are partly absorbed or thrown off by eructations, or they pass into the duodenum or small intestine.

Gases are found throughout the small and the large intestine. These are the result of both the normal and the abnormal digestive fermentation and bacterial decomposition of the ingesta or food stuffs. Some of the gases are passed into the intestines from the blood by diffusion.

The production of gas is more copious in the



## Intestinal Irrigation

upper portion of the small intestine and becomes less rapid and abundant as the large intestine is reached. As formed or found in the intestines, the gases are : carbonic acid, hydrogen, marsh, ammonia, nitrogen, sulphuretted hydrogen, and sulphate of ammonia.

Considering the large amount of abnormal gases generated in the bowels and which abnormally distend the abdominal walls for several inches and press upon the heart and lungs, and considering the small amount passed out as flatus, their entrance into the tissues of the body must be very rapid and harmful.

Stop the habitual putrefaction and mal-digestion, and then the formation of toxic feces, gases, and volatile acid will speedily cease. Then the erstwhile roly-polies will shrink in circumference four or more inches, necessitating the refitting of their garments to the new and better order of things.

Much has been written about the distention of the rectum, sigmoid flexure, and colon from the undue accumulation of feces. The fecal distention of the gut may extend along the intestine for from three to nine inches or more, which is a very grave matter indeed. But why is so much attention given to a few inches of impacted feces dilating a portion of the bowel, and none whatever to the prevention or elimination of gaseous matter that distends the whole gastro-intestinal canal to such an extent that the body is tightly inflated and the median parts of the belly bulge out like a balloon ?



## Gaseous Obesity and Roly-Polies

Cattle raisers are conversant with the gaseous inflation of their animals, and have to resort to the knife to puncture the stomach to permit the gas to escape ; otherwise fatal results would soon follow. Some animals, even, like most human beings, are intemperate in eating. When they consume too much grass they suffer from flatulency and colic, and require drastic treatment.

Rather than let some worthy men and women die, ought we not at times to adopt the ranchman's treatment for flatus? This harsh means, however, might be avoided by inventive science. Overfed, constipated, inflated man, victim of habitual flatulency, could easily have small gas valves inserted here and there along his gastro-intestinal canal — one, say, to relieve the stomach of toxic gas, another for the appendix region, and still another in the hernial region of the abdomen. Suppose overfeeders were to adopt the gas-valve fad, and discontinue the habit of using cathartics, soda, charcoal, peppermint, pepsin, whiskey, etc., as means of relief! How in the world can a *drug* aid digestion when taken into a foul, gaseous, and feces-clogged canal?

A chemist cannot get the definite results he seeks unless he have the right chemicals and proper vessels. Just so with the spiritual Ego and his systemic chemistry of food : he needs a clean and healthy digestive apparatus for proper assimilation and elimination. But he gets careless, allows it to get foul, and then insincerely expresses astonishment that the chemical combinations are not such as one

## Intestinal Irrigation

could wish or expect. Other chemists, called doctors or druggists, come along and dose the poor victim of his own carelessness until they have ruined his apparatus completely. They have got to live, of course; and it is their business to see that he does not escape so long as they can help it.

Sometimes there is a reassertion of common sense; the poor victim becomes disgusted with himself and his credulous acceptance of the doctor's dictation and his fatuous swilling of the druggist's decoctions. He gets tired of chronic ill-health and bowel troubles, and, lo and behold! he does the simplest and most sensible thing in the world—a thing he ought to have done at the very start, or before he ever had the least trouble: He thoroughly washes out his alimentary canal with pure or antiseptic water. He drinks a lot of pure spring water, and he flushes his bowels with two or three enemas. Doctors and drugs are henceforth banished; he gets well! What a blessing to lose one's faith in the magic of drugs and the majesty of doctors!

Few comprehend the baneful effects of flatulency on the system, the most usual of which are fatigue, depression, headache, buzzing in the ears, deafness, vertigo, loss of memory, inability to fix the attention, disturbance of sight, drowsiness, etc. A continuous stream of carbonic acid or of hydrogen directed against muscular tissue will cause paralysis of the part.

Physicians admit that in certain portions of the alimentary canal extensive dilatation may occur,

## Gaseous Obesity and Roly-Polies

independent of any permanent obstruction, in the lumen, or bore, of the gut. As a rule, however, victims of proctitis and colitis suffer from more or less occlusion of the lumen in the region invaded by the ulcerative inflammatory process.

Considering that the wall of the abdomen is often greatly extended by gas within the digestive apparatus, it is not amiss to assume that this gas may cause local distention of segments of the gastrointestinal canal, sufficient to paralyze or render inoperative the parts.

Suppose we make a rubber duplicate of the abdominal walls of the average man, and place therein rubber duplicates of all the internal vital organs—pelvic and abdominal. To hold the stomach, bowels, and other organs in place, we fasten them with elastic bands here and there, and make a generous use of cotton to support the various parts, which are all connected with many little circulating tubes, with strings for the greater nerves, etc. Now let us distend our thin artificial digestive apparatus with air or gas—snugly filling the abdominal space of our model, without tension, however, or slackness of the various parts, which are happily adjusted and at rest. Now, be it remembered, persons suffering from flatulency are more or less in the predicament of the gluttonous animal referred to above: the gas will not escape at either end, however much of an effort it makes, or the victim may make to help it.

In filling very slowly our thin artificial alimentary

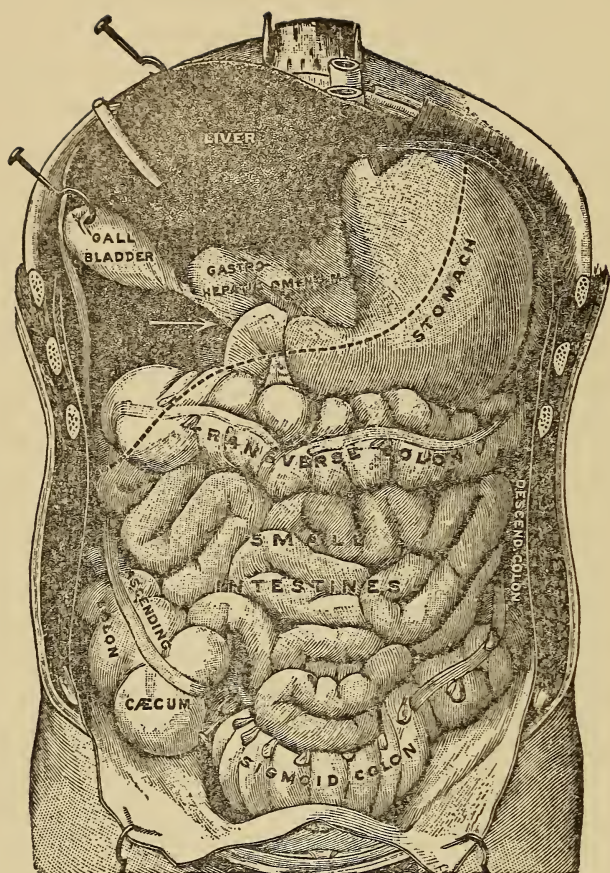


FIG. 15.

The stomach and intestines, front view, the great omentum having been removed and the liver turned up and to the right. The dotted line shows the normal position of the anterior border of the liver. The arrow points to the foramen of Winslow. (Gerrish.)



## Gaseous Obesity and Roly-Polies

canal, note the distention along the canal as the gas accumulates. Then note that the elastic bands stretch as the various segments of the canal change location, especially the stomach and portions of the small intestine and of the colon, etc. The stomach, small intestine, and colon, as they dilate, shift about for room. The abdomen is seen to bulge out some four or more inches while the turmoil is heard going on inside.

Continue this inflation and our rubber intestinal tract will display here and there a displacement and permanent abnormal enlargement of the lumen or bore. Suppose, further, that our complete model of the abdominal viscera and wall had tightly around its outer surface unelastic corsets, skirt bands, trouser bands, vests, etc., all or any of which held in or compressed its bulging wall — what would happen? Why, something inside would slip out of place or burst and let all the wind escape, relegating our creation to the rubbish heap.

Now, when a man loses his wind by the rupture of a tube, he is said to have expired, and his body is sent to the crematory—or ought to be sent there for sanitary reasons. It would be much more satisfactory, by the way, to our friends, after our demise, were our bodies sterilized while they “live.”

I hope I have made it clear that it is a most serious pathological condition—inasmuch as it prevents the normal onward progress of ingesta and feces—to permit of the continued existence of an excessively dilated gastro-intestinal canal, with one or

## Intestinal Irrigation

more of its segments permanently enlarged—segments like the stomach, duodenum, cæcum, transverse colon, sigmoid flexure, rectum, etc.—and with pendulous abdomen, sallow and muddy complexion, etc.

When to this condition is added a general displacement of the abdominal viscera, or of one or more of the organs of the abdominal and pelvic cavities, you have an objective picture of chronic ill health in all its severity.

Are you sincerely desirous to know how your friends feel when you greet them? Don't ask them the stereotyped question, "How do you do?" or, if you are a German, "How do you go it?" or, if you are a Frenchman, "How do you carry yourself?" But ask them the specific and sensible question appropriate to our civilized habits: "How are you and your bowels to-day?" And at parting it were well to say: "May peace be with you both—you and your bowels!"

The spirit of man can torment his personality, and his personality in turn can vex his spirit.

Few people are aware of the fact that the stomach and intestines can undergo alteration in position. Many are familiar with the fact that the kidneys may be displaced, and are then called "floating kidneys"; that the liver, pancreas, spleen, and uterus occasionally go on excursions, causing thereby considerable and numerous disturbances. And it is not at all strange that they should, since there is so much pressure from within, so much pressure



## Gaseous Obesity and Roly-Polies

downward, and so much pressure from without—all through the requirements of fashion, indulgence, and ignorance. But the stomach, upper portion of the duodenum, and small intestine, cæcum, the ascending colon, and especially the transverse colon and sigmoid flexure, are susceptible to various forms of displacement, inhibiting the ready flow or passage of food stuffs, gases, and feces from one segment of the digestive apparatus to another, until the vent is reached.

Reviewing the ground already gone over, we have found that proctitis, as a rule, is the primary cause of sigmoiditis and colitis; that these combined are the cause of constipation; that this is the cause of indigestion, flatulency, and distended alimentary canal, and, as matters go from bad to worse, of permanent distentions and displacement. Is it any wonder then that there are so many that suffer from *gastro-intestinal neurasthenia*?

Surely our digestive apparatus ought to have as much attention as a well-regulated house furnace. In the morning the ashes are dumped and fresh coal is put on. A similar process is gone through with at noon and night. Some may run their furnaces on two meals a day and two dumpings of the waste material.

When a boy puts a penny into a slot machine he gets what he expects and is pleased. The machine has done its work in delivering the goods. Why should he give a thought where his penny lodged? In like manner man is always ready to

## Intestinal Irrigation

put food stuff, and other stuff as well, into the upper slot of his machine, for he gets immediately satisfaction thereby. But he is like the boy; he does n't care a fig what becomes of the stuff so long as it does n't annoy him too much. Eventually the machine refuses to work, and seems unable to deliver the goods at the other end; something has become clogged or out of gear. Let me advise the reader at least to keep the passage clear by dumping the systemic furnace twice or thrice daily—using the enema to effect the result.

## CHAPTER VII.

### IRRIGATION OF THE ASSIMILATIVE AND ELIMINATIVE ORGANS.

THE habits of people in general do not seem so bad when one considers the average individual's limitations as to knowledge and thought. The fact is that most people don't know, don't think, and hence don't care. Let them read more science, think more sensibly, and act more seriously; then their habits will be more satisfactory.

The alimentary receptacle — the stomach or vat in which foods and liquids are received and mixed — is habitually converted by many persons into a chemical retort for all sorts of drugs and remedies, with the view of reaching and relieving the ills of the various organs of the body, from dandruff to corns. The writer believes that he can give more and better reasons for his confidence in the therapeutic value of remedies than most other physicians, but he wishes to emphasize here the transcendent importance of common sense in their administration. Before and above all else, however, what is wanted is a clean gastro-intestinal canal; and his claim is that water, properly used, is the best agent to effect that cleansing. On a par with this canal in importance are the eliminative tissues and organs

## Intestinal Irrigation

of the system : the kidneys, mucous membrane, and skin. What therapeutic agent, properly used, is better than water? After all the assimilative and eliminative organs and tissues have been thoroughly rinsed with pure, soft water, then, if it be still necessary to administer a chemical agent, one may be selected that will, with these organs and tissues in better condition, work wonders. If you are so foolish as to allow yourself to become foul from head to foot, cleanse yourself with water before resorting to chemical aids.

Somehow or other the mass of even intelligent people, not to speak of the great mass of the ignorant, and I may add even my co-workers in the healing art, are not aware of the supreme want and worth of water for internal and external therapeutic purposes ; they do not realize how the stomach, the bowels, and the kidneys cry for it in their neglected and infected condition.

The stomach serves as a convenient receptacle to dump things into after the palate has been entertained and pleased —and about everything is swallowed but pure, soft water. As a rule the stomach takes very kindly to water. It is, moreover, not so piggish as to absorb it all and leave its surface in a foul condition, covered with ropy, slimy products of imperfect digestion. Immediately after deglutition of water, the stomach does just what it ought to do : its muscles contract and dump the contents of the stomach into the duodenum, where the principal act of digestion is accomplished.

## Assimilative and Eliminative Organs

As its name implies, the stomach (stow-make) is a receptacle made for the purpose of storing stuffs for nutrition. Here they are mixed and broken up somewhat, and then deposited in the second or real digestive apparatus—the duodenum. This latter organ requires water and organic fluids in liberal quantities for its digestive operations. Both organs need cleansing after they have finished their work, and the digestive and assimilative vessels require water, not only to convey the building material to their harbors, but also to eliminate effectually the worn-out tissues and the residuals of the digestive process.

It has been said that were man to discover heaven (a clean and healthy locality) he would at once convert it into a hell (a vile and filthy one). Man is possessed of an organism of whose constituent elements water forms over eighty per cent. The alvine discharges ought to contain the same percentage of water, if not more. The mucous membrane and skin, to be kept clean, soft, fresh, plump, moist, and free from odors, require their appropriate irrigation. Man may keep himself clean, both inside and out, by irrigating himself before each meal daily. The well-watered and well-washed body and brain constitute a heaven on earth for the indwelling spirit that needs these for its manifestation.

It does seem sometimes that man in his ignorance gets nothing right except to walk forward instead of backward. Even so, most likely he walked on

## Intestinal Irrigation

all fours for ages, judging from his progress to date, before he learned to walk on his hind legs. To-day we find him self-poisoned, auto-intoxicated, a gastro-intestinal neurasthenic. His bowels are filled and stretched with ancient feces and gases, and his stomach is burdened with undigested food and tenacious mucus.

The average man's scanty excreta from the bowels are dry, hard, lumpy, and foul, exhaling a noxious odor; and these excretions may be passed once a day, or once in two or three days, or with some persons too often, should diarrhea supervene. Two-thirds to three-fourths of the fecal mass is absorbed by the system every day; and this absorption is accompanied more or less constantly by symptoms of indigestion, biliousness, uric acid, and many other distressful conditions.

His breath and the exhalations of a garbage-can are much alike; in fact they are twins, the only difference between the human and metallic receptacles being that one is capable of walking and the other is not. Both manifest the same conditions.

His mucous membrane is covered more or less with catarrhal discharges, which result in granulated deposits, especially near the orifices. The skin is often sallow, dry, yellow, scaly, flabby. The hair is dry, non-oily, with a scaly scalp, and often there is a loss or total lack of hair. The teeth are decayed, the gums are found to recede, and the eyes, muscles, joints, etc., are more or less affected by calcareous deposits.



## Assimilative and Eliminative Organs

Man is seldom or never in a normal physiological condition. He is either obese or emaciated and lean. Most bodies are anemic and ill-conditioned, a prey to several ailments. Of course, civilized man uses drugs; he would not be civilized were he not to use on occasion a stimulant, tonic, sedative, narcotic, etc., and he has to keep in continual touch with a doctor, to take care of him by prescribing special diet, fasts, exercise, and what not for his numerous bodily infirmities. Generally these prescriptions are ineffective and leave him physically weaker and financially poorer, with the barren consolation that he has really tried everything under heaven that the wisest knew or that money could buy. Yes, indeed, he tries everything: everything but *water*—pure, soft, spring or distilled water. He never—like the flirt—“thought of such a thing”! Very few “humanals” think it worth while to irrigate themselves inside and out.

Victims of semi-ignorance, too, get things most abominably mixed. They are often half wrong and half right; hence they never enjoy good, sound, robust health and its blessings. Physiologically, these people are what old-time pastors used to describe as lukewarm—neither hot nor cold, neither good nor bad, neither dirty nor clean, neither fish nor fowl, neither one thing nor another. So we find them also complaining and looking for the fountain of health and strength, but not looking very anxiously—they are not interested enough in

# Intestinal Irrigation

the matter. Whenever they possess an equal mixture of ignorance and laziness, there is not much hope for them.

Note the position of the stomach in health, and how, by slight muscular action, it can free itself of its contents. When dilatation or displacement, or both, occur, the power of rapidly expelling its contents is diminished to the extent in which the change from the normal position and size takes place. I have found that, if there is a normal passing down of the ingesta and also of the feces, the stomach will perform its functions perfectly. Fear of "stomach trouble" is groundless if you keep the

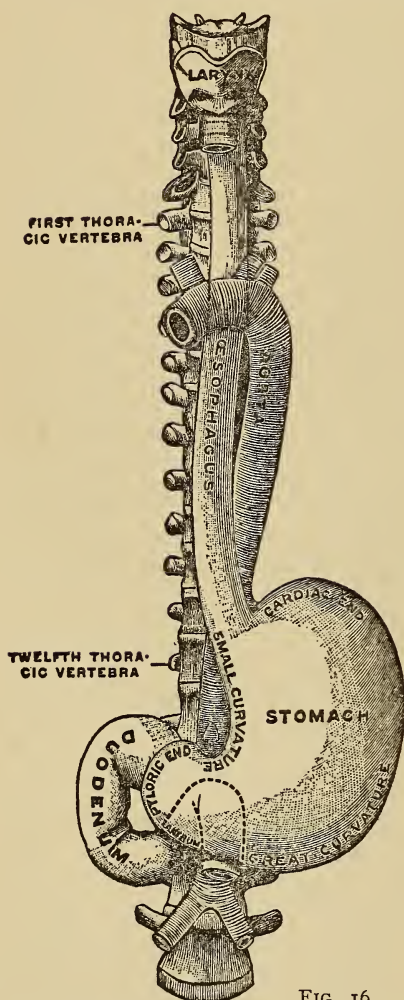


FIG. 16.

Esophagus and stomach in their natural relation to the vertebral column and aorta. (Gerrish.)

## Assimilative and Eliminative Organs

digestive and eliminative apparatus in good working order. But this requires that you must keep

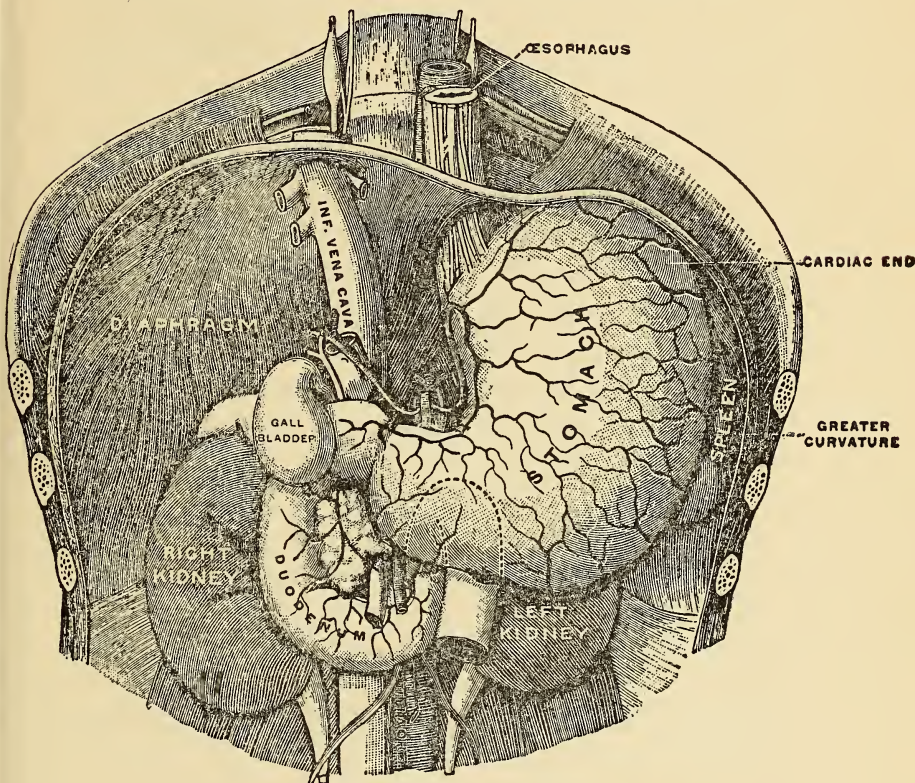


FIG. 17.

Stomach and duodenum—the liver and most of the intestines having been removed. (Gerrish.) Shows the anatomical relation of the stomach, duodenum, kidneys, diaphragm, and the large artery and vein.

them clean, and to do so you must drink plenty of water before each meal.

The organs are held in position by a ligamentous attachment and abundant fatty tissue, which serve

## Intestinal Irrigation

as a connective cushion that furnishes aid in supporting the organs in their proper place. In chronic cases of self-poisoning, the victim, as a rule, becomes anemic and emaciated, and loses thereby the fatty support required by the organs. They are consequently apt to become displaced and the muscular tissue weakened, with the consequent pendulous condition of the abdomen often observed in both children and adults.

The clay-colored, flabby, obese, anemic victims may retain their worthless adipose tissue ; but they suffer quite as keenly as if they had lost it—from the fact that this tissue is impregnated with poison and filled with gas, and from the further fact that this abnormal tissue presses on the vital organs here and there as the victim wheezes or puffs along on his road through existence.

There is not the slightest doubt that nine-tenths of gastro-intestinal ills and their effects can be prevented or cured by thorough irrigation of the canal, from mouth to anus, if it does not itself perform the cleansing process three times in twenty-four hours.



## CHAPTER VIII.

### METHODS OF STOMACH CLEANSING.

LAVAGE is a term restricted to irrigation of the stomach—a term that has become more or less popular of late with physicians, but is not so popular with those who have to swallow a rubber stomach tube, or with the anxious mother or friends who are usually not permitted to be present on such occasions because of the disturbed and cyanotic appearance of the patient—an appearance produced by the introduction of the catheter. Much can be said, however, of the good results following irrigation of the stomach by the employment of the stomach rubber tube, and in a special class of cases its use is imperative.

But my purpose in this chapter is to advocate the drinking of water as the means *par excellence* for effective irrigation of the assimilative and eliminative organs, and to make it plain that this form of irrigation is essential for the preservation of health and the relief and cure of chronic inactivity of the principal organs of the system. Usually the drinking of water at regular intervals is sufficient; but in exceptional cases a generous drinking will result in a complete unloading, which can be ac-

## Intestinal Irrigation

complished with ease and with little loss of time.

Should your stomach be actually performing its office, the suggestions I am about to give will, if followed, keep it sweet, clean, and in good condition, and will also flush all the tissues of the body as well.

The first duty on rising in the morning should be that of flushing the colon, as previously recommended, and flushing the stomach, as now recommended. Take one or two goblets of water (about eight ounces each) at a temperature most agreeable, which, however, should not be ice cold. An hour or half an hour later, during the breakfast, take one goblet of milk and water or two of water alone, when the mouth is free from food. About eleven o'clock in the forenoon, one or two goblets of spring or distilled water, at its natural temperature, should be drunk to cleanse the stomach, duodenum, kidneys, etc., and to flush the tissues of the body. At the noon meal one or two goblets, and at four or five in the afternoon a similar amount, should be drunk—the latter as a cleanser before the evening meal, at which about a pint or more is drunk to aid in emulsifying the food, as at the breakfast and noon repasts. As a rule, besides the amounts drunk at meal-time, there should be consumed as much as two quarts daily, and the best time for this is when the stomach is empty, or when it ought to be empty. At bedtime, one or more glasses may be drunk if one does not suffer



## Methods of Stomach Cleansing

from inconvenience from a full bladder during the sleeping hours.

One should make water-drinking a habit, like eating, sleeping, defecating, etc. Water-drinking should be performed at regular periods during the day. System is as essential for the harmonious working of the organs as it is for the relations of the departments in a business, or of the details of any particular department. The guide to the order and temperature to be adopted is *agreeableness*. Find out by experiment what is most agreeable and beneficial to you, and continue the practice with slight variations adapted to the changes of the seasons and the conditions of the system. There must, however, be some training done in most cases, and what is not agreeable at first may become so.

All persons suffering from proctitis and colitis and their symptoms, as described in the previous chapters of this work and in *Intestinal Ills*, will require, now and then, if not under treatment, special irrigation of the stomach to remove fermentative matter, particles of undigested food, and tenacious, ropy mucus before the next meal is taken. Otherwise the condition will be made doubly bad, for the fresh material is piled on top of the unduly retained contents of the stomach. As evidence of our civilization, we clean pots and kettles before the next meal. We even clean our fingers before, during, and after the meal. Teeth, mouth, and face get their proper cleansing. Why should we

## Intestinal Irrigation

suppose that stomach, duodenum, and kidneys, which receive all sorts of stuff, should remain clean without an occasional flushing? They need rinsing out after brewing the wine of life. The water drunk between meals not only cleanses the organs through which it passes but irrigates the whole system, keeping a normal amount of water in all the tissues, which is as necessary for the maintenance of health as is the due supply of water to the plant in your conservatory.

Observe the large percentage of human beings that are anemic, sallow, clay-colored, or white—a few obese, but the many spare, lean, gaunt—all of them expressing the disgust of the soul in having such an abiding-place. If all the organs and tissues of the body were kept flushed, what a fresh and inviting spot the soul would have for the cultivation here on earth of the arts of life!

Water is the wholesomest of all drinks. It quickens the appetite and strengthens the digestion. It is the most effective agent in the work of elimination—in ridding the system of waste material. Properly taken, it prevents the undue clogging of the organs and tissues, and tends to cure or relieve those that had become clogged, and it does this by washing away the substances for which the system has no further use, and which if they remained would poison it.

It is said that if water be drunk freely during a meal the gastric juice will become diluted or washed away. A similar objection is offered con-

## Methods of Stomach Cleansing

cerning the use of the enema. The horse, it is alleged, should have more sense than to drink from three to six gallons of water and almost immediately thereafter eat a peck or more of oats and a quantity of hay, for it ought to know that there is no room for food with such an amount of water in the stomach. If such objectors could but see the horse smile at such arguments—for it secretly knows that the water does not *remain* in its stomach, and that its gastric juice is naturally strong and needs dilution—they would stand aghest. Would we not be better off if we were not influenced by fool talk like the above advice to the horse, especially as regards our internal economy?

The stomach, like the freight station, can accommodate only a limited amount. Its contents must be rapidly dispersed, and every muscular contraction and every respiration gives it an impulse. Disease and lack of irrigation will occasion an accumulation or congestion of the contents in the gastro-intestinal canal, and then the victim of slow transit complains of indigestion, biliousness, flatulency, uric acid, and of many other ills. Your foul, furred tongue is a very good indication of the trouble below, so it is wise to examine it in the morning to learn your interior condition. Many persons scrape their tongue with a knife because of heavy coating and offensive odor and taste. Dyspeptics of this order need a thorough internal bath from above (*per os*) and from below (*per anus*).

Some that suffer from undue gastric retention

## Intestinal Irrigation

and indigestion will find relief by flushing the colon and the stomach, as herein specifically directed. Others may find it desirable to start with a mild laxative and an intestinal wash-out with hot water in which some antiseptic or stimulant has been dissolved. The special stomach cleansing is accomplished by the rapid drinking of one tumbler of hot water after another, until a pint or more is taken into the stomach, or until a sensation of vomiting is felt, which may be encouraged by putting the end of the finger down the throat as far as possible or the end of a long lead-pencil wrapped in a little muslin. After as much of the contents of the stomach as is desired is thus cast forth, drink freely of water again, as much as you may think proper, which will be discharged into the duodenum. If this gastro-cleansing has occurred near meal-time omit the meal altogether, and in an hour or two drink as much water as is agreeable, to make sure of a thorough washing out of the erstwhile neglected receptacle—the stomach. This special washing out of the stomach may be repeated as often as occasion demands it. It frequently happens with some persons that an hour after a meal there is a hint that all is not well. This may be concealed or corrected by drinking a goblet or two of water, which practice will permit the brew to go on without further attention to the vat.

Water may be taken at all times of the day or night if occasion arises for its therapeutic effect in addition to its regular period of use. Usually

## Methods of Stomach Cleansing

physic, pepsin, soda, charcoal, whiskey, etc., are kept within reach, and are resorted to on such occasions with the thought that one or more of them will do the work. They will not, however, any more than red paint will act as an antidote to poor health by painting the cheeks with it. Water, hot water, especially when used plentifully, is the only solvent of dirt.

Very few realize how essential water is to digestion and to the digestive canal after the process of digestion is completed ; and that it has physiological effects on the system generally is less widely known. There exists a great natural demand for water to carry on the normal functions of the system ; for both atmosphere and heat draw moisture from the body, and a considerable amount is utilized in the processes of our daily work and in unexpected efforts. An organism composed of almost eighty per cent. of water requires a generous supply for subsistence—a supply equal to the expenditure of vitality involved in carrying on the numerous functions of body and brain.

Some day it will be discovered that water is mainly the element employed in psycho-physiological processes. Water is easily changed to air, and atmospheric air to water, in the system. The generous consumer of air and water will have a good stock of vital or of psychical force on which to draw for the process of thinking. A thinker is a creator, and he must be successful if his thoughts be rightly directed and he have an ample supply of liquid food—water.

## CHAPTER IX.

### WHEN ENEMAS SHOULD BE TAKEN.

METHOD is imperative in this strenuous life of ours. Nature in her universal operations seems to sanction a uniform system in our daily conduct. Had we a regular time for doing things, periodicity would be established in our sleeping, eating, bathing, defecating, work, recreation, etc. Unfortunately, we are prone to ignorance, self-indulgence, procrastination, which render us careless and reckless in regard to the common-sense conditions of normal living; and before we are fairly out of our 'teens we begin to bear a crop of proctitis, colitis, constipation, etc.

It is in this way that periodicity as to stooling is lost, and whim, convenience, or necessity takes its place. As a result, we dribble or strain under the fecal and gaseous burden. This happy-go-lucky method accounts for much of the gastro-intestinal disorder complained of by so many, who "want to die" when the painful neurasthenic blues hover around and pervade their bodies like a dense fog.

The insidious manner in which proctitis, colitis, constipation, and self-poisoning progress from mild through medium to severe stages does not, gener-



## When Enemas Should Be Taken

ally, alarm the victim of intestinal neurasthenia until many years have elapsed, and one or more of the vital organs have become diseased, and the whole system is thoroughly under its toxic effects. Thus, slowly, are the various segments of the gastrointestinal canal changed to an abnormal condition.

Suppose the tissues of one of your arms and hands were inflamed, constricted, or swollen, and that the nerves of motion were uncertain, shaky, and "kinky," — all of which conditions we often find in the digestive apparatus, — and that finally recovery takes place under persevering and patient treatment; how soon, think you, could a sensible person expect the limb thus affected to become as useful as its companion that had never been disturbed by disease?

Unfortunately, we have not two sets of bowels. Ocean steamers are equipped with two sets of motion-producing engines, so that the disability of one will result in no loss of speed. When man places as much commercial value on himself as he does on his machines or on a boat, he will either induce Nature to furnish him with an extra set of energy-producing organs, or he will take the best possible care of the only one she vouchsafes to him — a care that extends from os to anus.

Civilized man does, indeed, take a little notice of a sore mouth (although indifferent about an unclean one), and will even try hard to have it heal, because a sore mouth may be *seen*, and is likely to disfigure him. But a sore anus and rectum may, for all he

## Intestinal Irrigation

seriously cares, play their painful and poisonous pranks until he is put to bed disabled or is sent to an asylum — or to the final inn where all diseases of the body cease from troubling and the weary organs are at rest.

To re-establish that normal régime of physiological relations called health, after many years of perverse relations and disorderly practices, obviously requires time and intelligent, faithful attention to prescribed conditions.

The factors or causes that militate against the removal of curable diseases are :

(1) The neglect of a local disorder until it has had time to exhaust the general vitality of the system.

(2) Inattention on the part of the patient after he has obtained temporary or partial relief.

(3) The victim arbitrarily setting his own time limit for the cure of the disease.

(4) His wilful disobedience of prescribed rules.

(5) Inability to realize the importance of having the cause removed, as well as the local symptoms.

Confining attention for the present to proctitis and colitis, I wish to impress the patient, as well as the physician, with the fact that no better measure for relieving or removing these undermining disorders can be adopted than the regular practice, twice or thrice daily, of intestinal irrigation by means of enemas. The persistent use of the enema is directly influential in relieving and removing the symptoms of such disorders. These

## When Enemas Should Be Taken

symptoms may be piles, prolapse, skinny tabs, fissure, dull pains, soreness, itching channels, stricture of the anus and rectum, ulceration, abscess, fistula, cancer, etc.

In the early history of ulcerative proctitis and colitis, the local symptoms at the anal vent may not be noticeable; yet the disease may be quite well developed for six or nine inches along the bowels. The early or more obscure symptoms are mild and unnoticeable; then they progress into notice, sometimes most sharply; finally we have severe and chronic constipation, indigestion, flatulency, diarrhea, etc., and, keeping pace with these, we have the stages of self-poisoning, which is known as auto-infection or auto-intoxication.

With other measures, the most effective for relieving and removing these symptoms of proctitis and colitis is the enema night and morning. During the long period of relaxation at night, the functions of elimination and repair are, with the great majority of us, going on under abnormal conditions—such, for instance, as excessive fermentation and bacterial putrefaction, which generate poisonous gases that are absorbed by the nerves and bring about the condition of *malaise* we complain of when we rise in the morning. We then find our bowels distended and ready for relief—and also, strangely, “not ready”!

Before dressing, therefore, is the time to relieve the excessive pressure from gases and feces, and a slight enema is accordingly advisable, say from

## Intestinal Irrigation

half a pint to a pint of water, which should be expelled at once. This removal of the contents of the rectum and perhaps of the sigmoid flexure will permit the contents of the ascending and transverse colon to pass more readily toward and into the sigmoid flexure, as though they had been invited to come ; and, indeed, such passage is rendered inevitable by the removal of the local gas and feces in their path. When half an hour or more has passed and breakfast is over, it is time for the regular and complete evacuation of the bowels, by the aid of the internal bath, or, as some describe it, by a full flushing of the colon.

In our early efforts to establish harmony and periodicity with the enema, it is advisable to resort to a mild vegetal laxative, in some cases, rather than to let the tongue indicate so much foulness and allow the feelings to become so intensely blue that they cannot be hidden by even the utmost effort at pleasantry. Extreme cases may call for different aids toward relief, until, one by one, these aids may be dropped—the last one to be discontinued being the enema.

For a short time at the start it is, perhaps, best to confine one's self to two enemas, especially if fairly successful with the attempt at a thorough cleansing after breakfast and before retiring at night. The sleep will be sounder and the patient will be more apt to rise refreshed with a clean tongue and cheerful spirits. So much will this before-bed enema do for him that he may soon

## When Enemas Should Be Taken

find it unnecessary to take the preliminary injection on rising, inasmuch as fermentation and gas will no longer trouble him. But individual experience and intelligence must dictate the course in this respect. Let the patient study himself and note the demands of his system. It may even be, indeed it is frequently the case, that a patient requires several enemas during the day. When abnormality has set in, it gives rise to all sorts of freak requirements, and the victim must, for a time, accede to its whims.

Quite frequently, owing to various causes, the feces will descend into the rectum, which is properly a conduit, not a receptacle. While there it occasions much nervous irritation of the whole system and makes its victim desperate. It is wise, under such a condition, to take slight injections for relief. Never allow any foulness to accumulate. Establish the *habit* of internal cleanliness. The new sense of bodily purity will be so great that it can never be outgrown.

Nature easily accommodates herself to habits, whatever they be—normal or abnormal, wholesome or unwholesome, cleanly or uncleanly; and the train of consequences will be accordingly good or evil. My point may be easily illustrated by the habits of “civilized” man in regard to bathing. Many persons never take an external bath, and are not conscious of any bodily discomfort arising from the omission of this presumably necessary practice. As the summer approaches, another batch

## Intestinal Irrigation

of "civilizees," so fortunate as to be within convenient distance of a pond, lake, river, or ocean, begin to feel the real need of a "dip," and are uncomfortable until they get it. This is surely a sign that the spirit of cleanliness is beginning to stir in the breast of humanity. Then there is another contingent that bathe once a week, and should their regular routine in this respect be interfered with they would at once feel unclean—nay, even dirty, and, sometimes, "nasty." Others, again, bathe twice or thrice weekly, and this quota of the human race feels very uncomfortable and foul when hindered for a week from following this routine; indeed, such bathers often imagine that a dire illness is impending. Finally, the "salt of the earth" take an external bath once or twice a day, and, should *their* routine be suspended for twenty-four hours, visions of madness or suicide begin to haunt them until relieved by soap and hot water, or the cold plunge, as their habits require.

Of course, the same rule applies to the routine concerning the teeth, facial ablutions, etc. Nature is stored habit, and she feels outraged when her proprieties are disregarded. Let us pray, therefore, that the habit of cleanliness may become contagious!

Now, the parallel between external and internal cleanliness is quite obvious. Those whose bowels move but once in two or three days do not realize how foul they are. Others have a scant evacuation once in twenty-four hours, and they imagine



## When Enemas Should Be Taken

that they are as clean as those that take an external bath once a week think themselves to be. Still others have two stools daily, and they feel as clean internally as those that take three external baths weekly. And, finally, there are a few who, defecating thrice daily, feel quite as clean as does the most persistent external bather. Thus we see that cleanliness, external and internal, is a habit, a new nature, attended with exquisite comfort and pleasure—a quality that may lead to the goal of divine purity in realizing the joys of hydropathy.

The wild woodland flower grew and blossomed without attention, attracting but little interest. After, however, the florist has cultivated it to the high stage of development in which we find it today, with its stalk, stem, leaf, and fragrant petals displaying their marvelous symmetry and beauty, we begin to appreciate the value of labor, pains, cultivation. In like manner, it is our imperative duty to give proper care to every requisite detail in the transformation of our body into a human flower of health, grace, joy, and harmony.

The great majority of those that do me the honor to read what I have to say on internal and external cleanliness will, doubtless, not agree with me as to the frequency of the ablutions in twenty-four hours. Yet I have a suspicion that if my objectors were to try an external and an internal bath, on both rising and retiring, they would soon consider the practice too delightful to be foregone; they would soon develop more sweetness of char-

## Intestinal Irrigation

acter and be more particular as to the purity of their nether garments, and, finally, would seem ensphered by an atmosphere peopled with angels.

My proposition is this: First make a man clean, internally and externally, and thus you may make him good; after you have made him good you can make him healthy in both body and mind; after you have made him healthy you can make him full of joy.

To recapitulate: A good time to take your internal bath is about half an hour after each meal. Cultivate regularity in this, and Nature will second your efforts and establish a periodicity for you by her suggestive impulse and call. Our internal economy should not be slighted as it has been. The intestines are good, faithful, patient servitors, ready to perform their lowly office even when we are inattentive and heedless. Sometimes, however, they become rebellious, after they have stood more abuse than one would think them capable of standing. Let us reform our bad habits; our servitors are willing to enter with us into better habits, and co-operate with us in a truly human life. Can you not spare a few minutes, three times a day, at *regular periods*, for inner purification? You will find it very easy when once you make it a matter of routine.

Now note this point: The work of your brain depends on the power sent to it by the gastrointestinal canal. A motor car goes no faster than the power furnished enables it to go. So your

## When Enemas Should Be Taken

brain activity is ever on a par with the energy supplied from this usually despised intestinal source; that is, it can never rise higher than the supply of this energy warrants, and it always falls to the level of this supply, for it depends on it absolutely for sustaining power. It would seem, therefore, that common sense would be sufficient to shame us into keeping clean, scrupulously clean, the canal that supplies us with working force—the canal that extends without a break from mouth to anus. Yet my experience shows that almost everybody cares more for his outsides than for his insides—more for squandering his stored energy than for looking out for its constant renewal—and that most patients are foul all the way down.

Well-fed animals that have the range of Nature are plump, and have healthy hair, skin, teeth, etc., because their intestinal organs perform their functions frequently and fully. When animals become domesticated and “civilized,” they become constipated and catch various human illnesses or grow a crop of their own. Well-fed “humanals” grow thin and puny, or bloated with gas, looking like corpulent clay men, without natural teeth, without natural hair, their skin dry and of a sickly hue, bloodless, fading away because of an early blight before they have completed their early growth. Heredity is blamed for the bloodless, nerveless, brainless body, when, as a matter of fact, its degeneration is due to foulness within.

Birds, beasts, and savages (more fortunate than

## Intestinal Irrigation

civilized man) have the wide earth on which to stool when Nature calls. Their handy water-closet enables them to enjoy good health. As civilization advances, and business and social customs become more complex, water-closets get fewer and less accessible. As a consequence, man has to use his large intestine for a storehouse. He has done this so long that it seems impossible to break him of the foul habit. But he is paying the penalty. Many have abused the bladder in the same way, and had this been a large organ like its brother, the colon, we would long ago have heard the stereotyped excuse in regard to this function, "Oh, any time to urinate that I can find will do." Those who object to the new order of bowel relief should, on the same principle, object to frequent bladder relief.

I submit this proposition to the judgment of unprejudiced minds: Is it not reasonable that so harmless and efficient a remedy as the internal bath should be adopted by all intelligent persons? Inasmuch as neglect—due to social, business, and other customs, and to lack of conveniences for ready relief—has brought upon us so much fecal poisoning and local disorders and so many abnormal and pernicious systemic results, it should not be considered too great a task to take an internal bath three times a day to amend our outrage on Nature—an outrage that involves our health and general well-being, here and hereafter. We owe it, not only to our possibilities, but also to poster-

## When Enemas Should Be Taken

ity, that fecal poisoning be banished. We have no right to communicate such a taint to our children. They have a right to be free from such poison. Do we ever think of their claims in this regard? Let us leave them a better legacy, by adopting the thrice-a-day use of the enema for the purification of the alimentary canal !

## CHAPTER X.

### HOW ENEMAS SHOULD BE TAKEN.

#### METHODS OF INTESTINAL IRRIGATION.

A SATISFACTORY appliance for taking an enema should possess the following features : capacity, adaptability, convenience, cleanliness, durability, and sufficient external anal and water pressure to effect a thorough flushing or an agreeable vaginal injection while one is in a sitting position over a water-closet bowl.

There are several postures in which an enema may be taken. For those physically able, the most convenient, cleanly, and comfortable manner in which the thrice-daily inner bath may be had is the usual upright position on a water-closet seat. For those not physically able to sit upright, or for those that are not up-to-date and still adhere to the use of the fountain or the bulb syringe, the best method is not the usual sitting position, but the recumbent one. They are advised to lie on the right side, or on the back with hips raised. As a rule, a water-closet room is too small for reclining purposes, and, besides, the necessary rubber sheet and toweling convenience may be absent. Another drawback to



## How Enemas Should Be Taken

lying full length for the purpose of flushing the colon is that with short arms and the lack of *external anal pressure* there is apt to be an escape of water and feces around the anal point, necessitating much cleansing, considerable annoyance from nasty odors, and an irritating waste of time.

Various devices, advertised as great inventions, have been resorted to for the purpose of overcoming such malodorous and uncleanly incidents. Among them is one that may be described as a colon tube, ranging from nine to eighteen inches in length, which can be attached to a fountain or a bulb syringe. The tube is usually of flexible rubber, *colored red* to hide as much as possible the cumulative evidence of saturated filth and bacterial poison, the presence of which a white tube would betray too readily.

I fail to see the necessity of introducing a rubber canal of such length into an intestinal channel five feet long for the purpose of "cleansing" the latter. The project lacks common sense. What a ridiculous practice—to worm or bore a hole through the impacted feces as you work your tube upward, then to squirt a little water into the middle of things, or as near to the middle as you have managed to get with a tube that will persist in bending on itself, and then to withdraw it covered with liquid filth! What folly to put a canal *into* a canal—the one inserted being one-fifth the length of the one to be cleansed! Is not the original physiological channel good enough to convey the antiseptic water

## Intestinal Irrigation

or oil, or both? Why not have the rubber canal five or six feet long if *one* foot is so essential?

We should remember that ulcerative proctitis and colitis have made the use of the enema a necessity; that, accordingly, the diseased, constricted gut or canal must be treated very gently and not irritated in any avoidable way. The least irritation will result in still greater muscular contraction. It stands to reason that the effort to reach the healthy portion of the bowel with a slightly flexible colon tube frustrates its own purpose, and that it is besides a source of serious and unnecessary irritation. While this rubber tube is being forced up one's bowels it often becomes lodged here and there in the valves and folds of the mucous membrane. It has been found that the effort used to dislodge it sometimes results in a doubling of the tube on itself in the form of a knot, and that the end first introduced comes back to the anus waiting to escape with the next push! We need not argue that this forced looping and knotting of the tube is very injurious to the diseased intestinal region, and that no one would care to introduce it two or three times a day.

Does not common sense suggest that the rational way is to open the bore of the alimentary canal by beginning at its *end*; that *liquid* should be applied directly to the first feces encountered, and that as this impacted mass is removed the progress should be successfully upward? The liquid as it enters dilates the channel, and as it passes on and up it

## How Enemas Should Be Taken

eventually gets beyond the diseased section of the bowels. Here, by a gentle and soothing dilatation, we create at once an impulse in the imprisoned feces and gases to descend and escape. What other method is so kindly, and yet so effectual? We avoid, by this means, irritating the diseased and constricted muscular canal; whereas by the tube method we occasion still greater contraction, the inflamed surface having a tendency to contract and close tightly over the tube. The flood of liquid dilates the canal; whereas the forced rubber tube, by irritation, contracts it. Besides, as has been pointed out, the conduct of the tube working in the dark is most uncertain.

Suppose the rubber tube does finally reach the section of the colon free from inflammation; that its passage thither has greatly increased the spasmodic contraction of the diseased portion of the gut, and that, of course, it had great difficulty in circumventing the resistance offered by the valves, curves, and short bends—suppose all this, and an idea of how the contents of the bowel above the diseased zone are imprisoned will dawn upon you. For, after the tube has reached this point of impaction, the distention there is most unduly increased by the sudden gush of water, and, what is of still graver import, the presence of the tube prevents its return flow. Then as the object is being removed the watery feces following closely after are impeded by the increased irritative contraction set up by the tube.

## Intestinal Irrigation

In short, this greatly extolled colon tube subjects the region of proctitis and colitis, as well as the healthy section, to just such objectionable procedure until the amount of water injected becomes so extremely large that a means of escape is irresistibly produced by the great pressure above. Is it wise treatment to irritate the diseased portion of the bowels, and to distend still further the healthy portion above, in order to get rid of distention due to feces and gases? Without increasing the danger by injecting water into the already unduly distended colon by the use of the tube, the imprisoned feces and gases of themselves alone have been known to exert sufficient pressure to occasion prolapse of the sigmoid flexure into the rectum or undue displacement of the organ. Surely it were better to get rid of the imprisoned contents by removing them from near the vent and working one's way gradually upward than to add more to the store and burden, which only causes unendurable excitement and fierce demands for relief.

The rectal enema, taken in the rational way, simply dilates the portion of the gut that is morbidly contracted—a procedure that is very beneficial and should be continued just so long as any remnant of the inflammation remains in the tissues. Kindly treatment is essential, because ulcerative inflammation is an irritable condition and tends to contract the muscular tissue at the slightest touch of a foreign substance. What, I repeat, is more

## How Enemas Should Be Taken

kind and soothing than antiseptic water mixed with oil?

Advocates of the colon tube assert that water entering the lower portion of the rectum will occasion ballooning of this portion of the gut. After an experience covering twenty or more years, I am in a position to say that there is absolutely nothing in this objection—that water used in this way cannot produce such a pathological condition. Ballooning of the lower portion of the rectum is occasioned by *impaction of feces*, which remain lodged often for weeks or months at a time in this locality. Whatever dilatation the use of the enema may transiently produce would be only healthy exercise for the diseased organ. An instrument is frequently used properly to dilate the more or less contracted canal above and below the distended pouch for a distance of from six to ten or more inches. Nothing but good results can follow the proper use of the enema two or three times a day in all forms of local disease of the anus, rectum, and colon.

## CHAPTER XI.

### THE INTERNAL FOUNTAIN BATH.

#### THE AUTHOR'S UNIQUE INVENTION.

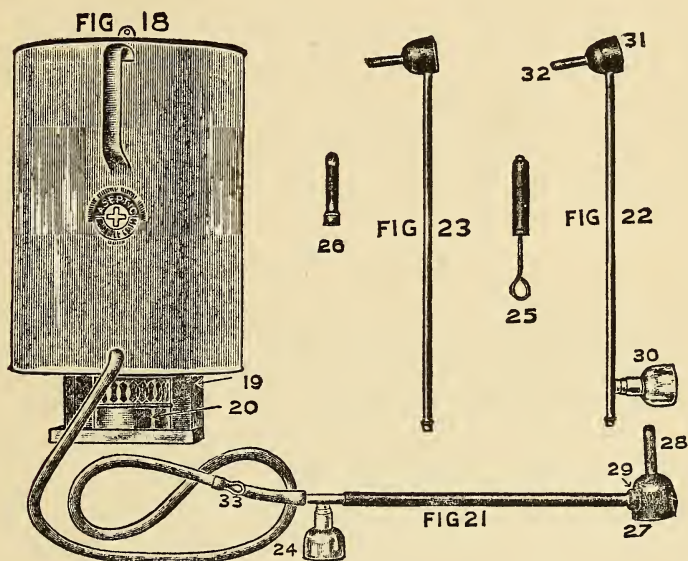
THE author has searched the markets of the world for suitable apparatus for intestinal irrigation, so that he, as a specialist in this line and in anal and rectal diseases, could recommend it to his patients. None of the appliances to be had, however, quite answered the purpose he had in view. All of them had some drawbacks. Owing to this fact, after much experimentation he has invented an instrument that is herein fully described to show its serviceableness. Were this volume to be issued without this description, the author would be inundated with interrogatories concerning the best instrument to be employed by its readers, or whether the appliances they have on hand would answer the purpose. As the object of this book is practical, not literary, it is not out of place, the author thinks, to describe the invention and its unique serviceableness, as well as its special adaptability for the tri-daily employment of enemas.

The instrument is known as "The Internal Fountain Bath for Home Treatment." The following



# The Internal Fountain Bath

illustration gives a very good idea of its construction and merits :



[Patented Dec. 31, 1901 ; Nov. 14, 1905.]

FIGURES 18, 21, 22, AND 23.

18, Reservoir ; 21, hard rubber handle ; 22, metal handle ; 23, metal handle, hard rubber cone, and enema point ; 19, lamp support ; 20, lamp ; 33, rubber tube and shut-off ; 24, glass bottle ; 27, hard rubber anal cone ; 29, valve ; 28, enema point ; 25 and 26, recurrent douche points ; 30, glass bottle ; 31, hard rubber cone ; 32, enema point.

Figure 24, Page 120, illustrates the author's rubber enema appliance, The Niagara Fountain Syringe, holding about two gallons of water.

The Internal and External Fountain Bath is an appliance that I have devised and supplied to my patients for many years with most satisfactory

## Intestinal Irrigation

results in every particular. Several other enemata and recurrent douche instruments which I have used did not wholly meet the requirements in capacity or aseptic features; but long use of this apparatus in all the various bowel troubles has demonstrated, to me as well as to my students and patients, that the instrument is the best that can be made, perfectly meeting all the requirements essential for scientific results.

### *Features and Uses.*

The Fountain Bath is the product of necessity, effort, and long experience in accomplishing a definite purpose fully and properly. Figure 18 illustrates a large enamelled metal reservoir for water. Figure 21 shows a hard rubber combined enema and recurrent douche appliance for the application of water to the mucous membrane of the large intestine, the temperature of which should range from ninety to one hundred and thirty-five degrees or more. To one end of the handle is attached a hard rubber anal cone (Figure 27), inside of which is a valve (Figure 29), which is opened and closed by turning the handle, permitting the water to pass through the rectal point (Figure 25), or (Figure 26) into the bowels and return into the toilet basin without removing the point. At the other end of the handle is attached a glass reservoir for the use of oils. Figure 22 is a metal handle with a glass reservoir and a hard rubber anal cone. Figure 23

## The Internal Fountain Bath

is a metal handle without glass reservoir, and both are intended for the use of water at a temperature of from ninety to one hundred and five or one hundred and ten degrees. A thermometer is absolutely necessary to determine the temperature of the water during its use as a depurent and antiphlogistic remedy. The heating appliance will keep the water at a desired temperature during its application, which is a very essential feature indeed.

### *Water Capacity.*

The Fountain Bath reservoir holds three gallons of water, which is quite sufficient to meet all requirements of the various complicated cases of bowel and uterine troubles which require a generous supply of tepid or very hot water. This obviates any interruption in the use of the enema or the recurrent douche treatment until one or both are satisfactorily completed, and without changing one's position on the toilet seat. It requires a quantity of water to irrigate the large intestine, which is some five feet long and two and a half inches in diameter. It is foolish to attempt to irrigate one end of a long, tortuous, foul sewer with one or two quarts of water and hope for good results. Water is cheap, then why not clean out and keep clean?

### *Adaptability.*

For the first time in the history of enemata appliances can an enema, recurrent douche, or vaginal

## Intestinal Irrigation

injection be taken with water at any desired temperature and at the same time be medicated with any remedy desired. External pressure against the anal orifice is regulated at will ; also the flushing of the integument about the anus and buttocks is easily accomplished before leaving the toilet seat.

### *Convenience.*

This scientific device can be used without assistance. It has one feature moreover, that renders it unique among rectal appliances, namely that you may take a number of rapid injections without changing your seat. You may inject a small quantity of water (from eight to twelve ounces), and expel it immediately ; then you may follow with a larger amount (from one to three pints), and expel that also, then in the same manner flush the colon. A complete internal bath may be effected in the same way by using three, four or more quarts of water. In this way, thorough depurating results may be obtained. The several preliminary injections of gradually increasing quantities of water free the lower bowel of feces, germs, and gases which otherwise might be forced by the flushing process backward into and along the colon. With the Internal Fountain Bath, unlike other syringes, it is not inconvenient to take preliminary injections before flushing the bowels. After the flushing the rectal and anal canals the bowels can be easily cleaned their entire length, as can also the integu-

## The Internal Fountain Bath

ment about the anus and buttocks by letting the jet of water play on these parts to wash away any germs and other poisonous discharges. All the necessary movements of the anal point are easily made with the handle which projects between the limbs in front of the toilet seat.

### *Cleanliness.*

The water reservoir is enameled white, both inside and out and free from poisonous substances. The enamel is not injured by the use of any germicidal remedies that may be placed in the water, or by the water being brought to a very high temperature to destroy bacterial poisons. Furthermore this enameled surface is easily cleaned, thus avoiding foulness of the reservoir from continued use. The glass medicine case and anal cone attached to the handle, as well as the anal point, are all detachable and easily cleaned, and the handle is of sufficient length to obviate soiling the hands and impregnating them with odors.

To bring away a quantity of feces does not exhaust the purpose of the enema. The intestinal sewer requires further cleaning from end to end, and the external parts around the anus as well. By playing a jet of water on the external anal region you finish the enema and avoid the very uncleanly practice of using "toilet paper" as a means of external cleansing. It is strange that otherwise cleanly people are content with such

## Intestinal Irrigation

uncleanly treatment of these parts. They imagine that "toilet paper" will effectually remove the excrement and its attending odors. They would not think it sufficient thus to clean their hands if soiled by excrementitious matter. It is the old story, "out of sight, out of mind," and of letting any make-shift in such cases answer; but the spirit of cleanliness is abroad in the land, and the Silent Club of the Cleanly is being formed through just such agencies as the Internal Fountain Bath. Many have doubtless longed for a better practice but did not know what to do. The "toilet paper" habit will pass with the once-a-day habit of stooling, the constipation habit, and the physic habit, for all four are uncleanly in the extreme.

### *Durability.*

The enameled metal reservoir and the metal and hard-rubber parts of the handle ought, with care, to last a lifetime; the soft-rubber tube, if properly cared for, will be of service for a long time.

### *External Anal Pressure.*

This is of very important assistance in flushing the colon, as it aids in preventing the return of the injected water, and thereby promotes its conveyance along the colon until it arrives at the surgically famous vermiform appendix. It is not strange that both ends of the large intestine—the anus and



## The Internal Fountain Bath

rectum and the appendix region—have kept the surgeons busy, and I may add the undertaker likewise. These two ends are of extraordinary concern, because they manifest intense symptoms and pathological consequences. Modern medical practice is the heroic treatment of symptoms and consequences and not patient search for causes of disease and sensible treatment of it, as explained in my treatise dealing with “Intestinal Ills,” as well as in the present volume.

### *Water Pressure.*

Two or three gallons of water, suspended at the usual height of enemata appliance, affords quite enough pressure, especially when the outlet and tubing are amply large. The shut-off on the rubber tube enables the user to gauge the flow of water to a nicety.

### *Time Required.*

The time required for taking an internal bath—that is, for a complete flushing of the bowels—will vary in individual cases. After removing the local deposits in and near the rectum by one or two rapid injections of very small quantities of water, two to four quarts are taken into the intestinal canal at one time, and this constitutes the enema proper. Now, many persons will find it advantageous to let the flushing water enter very slowly, taking from

## Intestinal Irrigation

two to five minutes, or even more. With some, if the water is allowed to flow in very rapidly, the various segments of the rectum and colon may not readily accommodate themselves to the inflow, and will too soon make an expulsive effort, returning the water before it has dissolved the feces or united with them, thus defeating the object sought through the enema. With other persons, however, the flow may be as rapid as desired. The speed must be left to individual judgment and experience.

### *Temperature of Water for an Enema.*

The chief purpose of an enema is to produce depuratory results ; that is, to remove morbid matter from the bowels and then to cleanse them. To accomplish this effectively and at the same time to avoid exciting an increased flow of blood to the diseased gut, the water should be about the normal temperature of the body, which is about  $98\frac{1}{2}$  degrees. Water too hot or too cold will aggravate the sensitive, inflamed surface ; and, as it is this very inflammation that causes the abnormal action of the bowels for the relief of which the enema is taken, the temperature of the water is most important. If it range between 90 and 105 degrees it will do, for within those extremes it will not be likely to increase the existing chronic engorgement of the tissues. Under no circumstances should very hot or very cold water be used for the removal of fecal accumulation. Physicians so incompetent as to



## Intestinal Irrigation

tience in the use of the enema. Nearly all persons can take the enema with comfort and satisfaction. Now and then, however, there is a person who finds it a little troublesome to inject over a quart of water at one time, while most persons can inject over four quarts without inconvenience. I would advise patience and perseverance on the part of those who find it irksome to inject a sufficient amount thoroughly to cleanse the colon, or the portion thereof involved in undue accumulation.

Enough water should be injected to bring away what would constitute the normal amount of feces to be passed at a regular stool. Gradually, as the practice is established by the use of the enema twice or thrice daily, it will be easy to determine the proper amount of feces to pass. And note this fact: it is just as easy to establish the habit of three evacuations in twenty-four hours as of two or one.

Whenever the amount of water injected proves sufficient at any time to bring away all the feces that should pass, it is not necessary at that sitting to repeat the dose, except it be for subsequent cleansing, as a sort of gargle. No possible harm can come from the generous use of the enema during a lifetime; indeed, its constant use will prolong life and make it more comfortable.

## CHAPTER XII.

### BENEFITS OF THE INNER BATH.

I SPEAK from clinical observation with the use of various rectal and colon specula, of which I have over fifty. I have watched the progress of cases that were using the enema twice or thrice daily, and of cases that were also using the intestinal recurrent douche, which latter required an hour's continuous application of hot water, and I know, therefore, whereof I speak when I affirm its salutary effect both on the local organs and on the general system.

Many that write about the use or abuse of the enema have never seen the mucous membrane of the rectum and colon. Most of what is written on the subject is worthless. The author of this book writes from the accumulated experience of daily examinations with specula for a period of over twenty-three years. Had he merely used his fingers or hand for making rectal examinations, or had he contented himself with prescribing for symptoms reported by the sufferer, his views and opinions as to the use and benefits of the internal bath would have been on a par with those that, by the old methods, make futile efforts in diagnosis and treatment.

## Intestinal Irrigation

Some good souls now and then become over-solicitous as to the matter they should pass when their bowels are already empty, and they feel alarmed if the enema fails to produce an evacuation. Such timid ones should remember that what they cannot accomplish at one time and with one attempt they may at the next, and that thus slowly the new order of fecal elimination will become established. It takes time and patience; but is this cause for apprehension when diagnosis, treatment, and means of relief are right? I claim that flushing of the colon is the best means for removal of the consequences of proctitis and colitis, and that it should be employed by all that have these chronic ailments. Let them get relief for the *symptoms* at once and in this rational way, after which let them seek scientific treatment for the ailments themselves; for, sooner or later, they will be compelled to seek it by the severe complications that will inevitably set in.

### TRY SCIENTIFIC AND PRACTICAL MEASURES.

Some persons find difficulty in estimating—or think they do, which in most cases is nearer the truth—the amount of water they can inject at one time, when it would work a great relief to their bowels were they able to inject from two to four quarts. It is half the battle to know your efforts are rightly directed; for, when you are defeated, you will try a thousand and one changes—an ex-



## Benefits of the Inner Bath

periment first with one element of the difficulty and then with another. You will experiment with the temperature, with the speed of flow into the rectum and colon, with intermittent flow, etc. Be a little scientific and original in this matter, I pray you, *and know no defeat!*

As to the intermittent flow, the following way may be found judicious in some cases: Take in just sufficient water—a few ounces perhaps—to provoke an evacuation, and proceed till you have taken half a dozen or more. After this you can take a greater quantity for a washout. But this is not exactly what is meant by the term “intermittent flow.” It means that you may make the experiment—if you find it difficult to fill up after ridding yourself of the local accumulation—of turning off the stop-cock for a moment, thus giving your bowels a slight rest, and then turning it on again, alternating in this way for some minutes. Many little devices of similar utility will suggest themselves to those who know no defeat. Remember that, now that you are in serious trouble, it is not the easiest thing in the world to get out of it.

Should your stomach raise objections to the enema, change the time. If abdominal pains are severe, change the temperature of the water and the time and manner of injecting it. In other words, do something different, but be determined to conquer and take the internal bath at proper periods every day.

# Intestinal Irrigation

## LIBERATING THE WATER.

Some persons who find no trouble at all in taking a large quantity of water have much difficulty in expelling it, or rather in expelling all of it at once. Various methods may be resorted to to liberate the retained water. One is to inject a little more, as a provoker, when all will escape without further difficulty. Another method is to resort to various motions of the arms and body. Some find relief by raising and projecting both arms together slowly, and then stretching and holding them aloft for a few moments. Other methods are: to twist the trunk a few times, to walk up and down a little, to bend forward and backward, etc. Still another method is to massage the abdominal walls, beginning at the ascending colon (see Fig. 12), passing upward to the left along the transverse colon, and then downward until the lower portion of the sigmoid flexure is reached. When beginning the massage, one should use stroking movements from right to left over the entire surface, and then go over it again with rotary strokes. Some may find it advantageous to knead the abdominal muscles, gradually reaching the deeper parts as the air is expelled from the lungs, which expulsion may change the position of the various segments of the intestine and thus afford an opportunity for the feces, gases, and water to escape. Before rising in the morning and retiring at night, it will be found advantageous by some persons to spend about ten

## Benefits of the Inner Bath

minutes in making the three kinds of manipulations described. It is an excellent practice for every one to lie flat on the chest and abdomen and draw in several deep breaths just before rising. This exercise will strengthen the muscles of those parts and benefit the internal organs as well.

### THE ENEMA AS A PERMANENT PRACTICE.

In the effort to restore the long-abused bowel to its normal functioning by the use of the enema and massage, there may be, in the beginning of such treatment, an exceptional case in which a mild laxative is indicated as the desirable thing, rather than that a furred tongue and base bodily feelings shall evidence too much foulness all the way up to the mouth.

The enema, of course, constitutes the chief means and mainstay of relief from obstipation of the bowels, and one by one the other aids are to be omitted. Moreover, when the time comes that the bowel is freed from the disease that occasioned the occlusion and obstipation,—that is to say, when the bowels evacuate themselves naturally three times a day,—then the enema itself may be omitted, or it may be continued without harm by those whose sense of cleanliness would induce them to keep up the practice in preference to the uncleanly habit of using toilet paper as a partial means toward cleanliness. Surely there is no harm in substituting a better habit for a worse one—one, moreover, that

## Intestinal Irrigation

we should be ashamed to continue ! As no one would think of cleaning his soiled fingers with toilet paper, as already said, so no one with any real sense of decency will continue the attempt to clean his anal orifice with such material when he has learned a better and more effective way. Likewise, after having learned the rational mode of relieving the surcharged bowels, no wise person will continue the use of physic, coarse food, gymnastic exercises, and other futile and foolish practices as remedial measures for intestinal ailments.

No one suffering from proctitis and colitis can have a clean and healthy sigmoid flexure and rectum unless these be kept clean by the regular use, three times a day, of the enema. From the day when the disease invades these parts there is and will continue to be a clogged, plastered, or incrustated passage for more or less of the entire length of the colon. This must be so in the nature of things, since these organs are unable to perform their functions while the disease is present. Just think of possessing a filthy, congested intestinal canal, without one day of real cleanliness for twenty, forty, sixty, or more years ! It is not the easiest thing in the world to cleanse this channel even by the use of the enema ; for the ancient contents refuse dislodgment even after repeated flushings, and it is only after many days of persistent and patient irrigation that the intestines are freed.

Some persons are apprehensive as to the quantity of water the large intestine will hold with

## Benefits of the Inner Bath

safety. Let me reassure them. It is capable of holding about three gallons without too great distention. One-third of this amount, however, is quite sufficient to bring away the accumulated fecal mass, and in many cases a much smaller amount will answer the purpose—especially when, as advised, it is used two or three times within twenty-four hours. After a thorough evacuation, water should be injected one or more times until it returns clear and free from fragments of feces.

If I were asked to name the greatest curse parents could inflict upon their helpless offspring, I would say *fecal auto-intoxication*. A large volume could be written on the subject, and I trust the hints here given will lead to discussion of this grave matter.

## CHAPTER XIII.

### OBJECTIONS TO THE USE OF THE ENEMA ANSWERED.

THE privilege of raising objections belongs to the ignorant as well as to the intelligent. But the objector is under as great obligations to state his reasons as the advocate.

The first plausible objection to the use of the enema is that it is not natural.

Admitting this charge, I would say that, inasmuch as proctitis, colitis, and constipation are unnatural, the use of a preternatural or, in other words, a rational means to overcome the consequences of these diseases is imperative. The enema is such a means.

Can any one that suffers from proctitis, etc., have a natural stool? Unnatural conditions require preternatural aids, as we all know. The injected water dilates the constricted portion of the gut and arouses a revulsive impulse to expel the invading water. In obeying this impulse, the imprisoned feces, gases, etc., are ejected with the water.

It may be unnatural to put water into the rectum, etc., but once there its expulsion from healthy bowels would be quite natural. No natural action can be expected from unhealthy bowels; they do



## Objections Answered

the best they can under the circumstances. Eye-glasses, false teeth, crutches, etc., are unnatural but invaluable aids, but no more so than is the enema as a means of relief from overloaded bowels. The enema, moreover, be it noted, not only aids the system by relieving it of its load : it cleanses and soothes an organ that must keep at work and perform its function even when invaded by disease.

Surely it is unhygienic and irrational to ignore the valuable service of the enema in cases in which the bowels are in an unnatural condition.

The second objection is that the water will wash away the mucus from the mucous membrane of the bowels and leave them dry and parched and thus apt to crack and break in two. I would remind the objector that, since about seventy-five per cent. of the normal feces is water, it seems strange that so great a quantity of water in contact with the mucous surface of the bowels should not also cause dryness.

The integument of the body and that of the mucous membrane are similar in structure, yet who ever had a fear of producing dryness of the skin by much application of water? The mucous membrane is simply the skin turned inward ; and since it is much more vascular it is less apt to become dry—if, indeed, its dryness were at all possible. The objector should also remember that the body is composed of over eighty per cent. of water—an organism not to be made dry or parched by the

## Intestinal Irrigation

application of water to the skin or to the mucous membrane two or three times a day.

The mucous membrane of the lower bowel is not unlike that of the mouth, throat, or stomach. Do you realize how often the upper end of the intestinal canal is washed or bathed daily with liquids,—soft and hard drinks, hot and cold,—especially by those who have formed the drink habit instead of the enema habit? They have no fear of drying the mucous membrane thereby; but, if you can instill this fear, they will increase the quantity with pleasure!

This second objection, being the result of too vivid an imagination and too little reflection, is a very nonsensical objection indeed.

A third objection is that if you begin the use of the enema you will have to continue its use; you can't stop, and, lo and behold! the enema habit is formed,—a new habit in addition to the many habits civilized man is already carrying: the constipated habit, the physic habit, the sand, bran, sawdust-food habit, the muscular peristaltic habit, etc.,—and with all these habits the poor victim of proctitis and intestinal foulness wonders that he is alive.

Usually the first symptom of proctitis is constipation, and for relief the enema habit should be formed and continued while the constipation remains. When the proper means are found to remove the intestinal inflammation—proctitis and colitis—then the constipation will disappear, and

## Objections Answered

with its disappearance the enema habit can be discontinued. But let it be well noted that the enema is itself an aid in curing the cause, an aid superior to any other at our command. A cleanly habit ought not to be an objectionable one, especially in cases in which it is most needed to prevent toxic substances from entering the system.

A fourth objection is that after taking the first enema the constipation is worse.

With many persons a certain amount of undue accumulation of feces will excite a sufficient muscular effort of the gut to force the dried mass through the proctitis- and colitis-strictered bowels. This unnatural effort may occur once a day or once in two or three days, and has doubtless been a habit of many years' duration.

To introduce a new order of conduct on the part of the bowels requires time. If the bowels have been in the habit of expelling feces in the morning, and an enema were taken the night before, there might be no desire to stool the next morning because of the fact that the bulk or accumulated mass of excrement was no longer there to create a vigorous call or impulse for defecation.

But we have found the extent of local damage and reflex injury to the organs, and more especially we have found the constant absorption of poisons into the system, due to the presence of feces. It is for this reason that the elimination of feces twice or thrice in twenty-four hours is advised. The condition for which an enema is used is disturbing

## Intestinal Irrigation

and poisoning to the system. It is, therefore, a most unnatural condition. What is more rational, then, than to employ an "unnatural" yet not harmful means to bring about a more normal condition, one free from poisoning and irritating consequences?

A fifth objection is made by those who have as a symptom of proctitis a large development of pile tumors or hemorrhoids (distended mucous membrane). The objection is that at times these tumors or sacs prolapse very freely during the act of expelling the injected water. But this prolapse occurs in many cases whether water is used or not.

A certain amount of anal irritation caused by the passage of feces occurs, causing contraction of the circular muscular tissue that forms the anal and rectal canal, also of the longitudinal muscular bands and the levator muscles of the organs. The enema lessens or entirely diminishes the irritation of passing feces, and the natural result is that the serum-filled sacs called piles and the tissue loosened by the inflammatory product would more readily prolapse during the act of defecating. It is simply a choice between irritation of the stool keeping the tissue up and no irritation permitting a prolapse.

Of course, if there be no expulsion of feces and water the stretched or dilated sacs may keep their places in the rectum. And then again the enema may be used for quite a period, when all at once a large prolapse of sacculated mucous membrane occurs, and the enema is thought to be the cause of

## Objections Answered

it. That this is not the cause, let it be remembered that in all cases of proctitis the chronic inflammation is apt to become subacute or acute, and that this intense engorgement and enlargement of the tissue with blood and the increased fever in the parts often result in prolapse at any time, especially at times of convulsive effort at evacuation.

Whatever follows the proper use of an enema, even though what follows be annoying, should not be blamed on the enema, for its action is most kindly, lessening, as it does, the irritation that otherwise would be more severe when the feces pass through a disease-constricted canal.

The sixth objection is that the use of the enema will weaken the bowels, which are already too "weak" to expel their contents. "Atony, paralysis, fatty degeneration of the gut, are bad enough," say these objectors, "without having an enema increase their uselessness." Diagnosis wrong and objection groundless!

Distend and contract an organ for a short time two or three times a day, and it will gain in strength from the exercise. Every one knows that this is the case. What more gentle means of exercising the large intestine than by the enema?

But the truth of the matter is, that in all cases of proctitis and constipation the diseased portion of the gut is too active in its muscular movements, contracting spasmodically, as it does, at even the suggestion or suspicion of feces near it. Every impulse of the bowels above the constricted section

## Intestinal Irrigation

to force the feces down through the closed bore only intensifies the spasmodic action and increases the muscular obstruction, compelling the victim to resort to some one of the many drastic means of relief.

The enema does no more than kindly to dilate the constricted region, which, when dilated, evokes a harmonious concerted action of all the nerves and muscles to pass along and down the burden of feces, which, without the aid of a flood of water, they had been incapable of moving, and would have had to leave to poison the system.

The seventh objection is quite *naïve*: "Inasmuch as the Indians of this country had no use for the enema, why should we resort to it?"

The all-sufficient answer to this objection is that the Indians lived a natural life, while ours is artificial. Much can be said on this point, but the reader is surely rational enough to follow out the distinction suggested. Our lives are much more important than were the lives of the aborigines of this country, and our "demands of Nature" are more exigent. If your life is of no greater value than theirs, for leisure's sake don't use the enema! You will be taking too much trouble. It really should seem that the cleanliness of the skin and mucous membrane, the care we take of our bodies, is an indication and measure of our sense of refinement. An ancient Scripture hath it: "Let those that are filthy, be filthy still." It all depends upon how you wish to be classed — with the filthy or the cleanly.



## Objections Answered

The eighth objection to be noted is the fear of "poking things" (points of instruments) "into the rectum."

This looks like a real objection. No healthy, nor even unhealthy, organ, for that matter, should be "abused." And what seems more likely to cause it trouble than to poke a hard- or soft-rubber point or tube through its vent in opposition to its bent or inclination? Still, the muscles of the vent are strong, and they soon accommodate themselves to the practice. Their slight disinclination is not to be considered alongside of the relief and cure you effectuate by the use of the enema.

Have no fear that the point will occasion disease when intelligently used. Always see to it that the point is scrupulously clean. Those made of hard rubber or metal can be kept so without effort. Soft-rubber points are always foul and dangerous, especially after they are used a few times. A good rule is never to put a point higher in the bowel than is absolutely necessary.

The ninth objection seems serious. It is that in taking an enema the water escaping from the syringe point will injure the mucous membrane where the jet strikes. But on examination this objection falls to the ground; for it stands to reason the jet cannot directly hit the surface for more than a moment. Immediately thereafter the accumulation of water will force the jet to spend its energy on the increasing volume, to lift it out of the way so that the continuous inflow may find room.

## Intestinal Irrigation

But even were it possible for the jet to strike a definite section of the mucous membrane during the taking of the enema, it could do no harm provided the water be at the proper temperature. And this is true even if a hydrant pressure be used. Not a few persons use the hydrant pressure of their houses in taking an enema. For a really successful flushing of the colon a considerable pressure is requisite to force the volume up and along a distance of five feet, especially when sitting upright. But it is folly to use a long syringe point, since it is like introducing one canal into another for the purpose of cleansing it. Therefore, have no fear from the use of proper syringe points; the jet of water will *not* hurt the mucous membrane. My professional brethren at least ought to know that the idea of such harm is sheer nonsense.

The tenth objection to using an enema is in *being obliged to use it* from the fact of having such a disease as chronic inflammation of the rectum and colon. Every victim hates to be compelled to do a thing; and the victim of proctitis and colitis is no exception to the rule. In fact, he is beginning to realize that unless he uses it his system will be poisoned by the absorption of the sewage waste. Let the victim object to the disease that necessitates the use of the enema, and all will shortly be well. Then this objection to the use of the enema will indeed be the most important of all.

The eleventh objection, and the most ridiculous

## Objections Answered

of all, is that it requires too much time to take the enema twice or thrice daily.

I lose all patience with persons urging this objection. Those that have little or no system with their daily duties seldom have time to do anything of importance. They suffer from "haphazarditis," a very difficult disease to cure, and they are in many cases hopeless. Usually they are an uncleanly lot of people, full of good intentions, but their intentions, though taken often, seldom operate as an antidote to foulness. Their one sigh the livelong day is: "Oh, could we be like birds that can stool while on the wing or on foot!" This feat of time-saving being hardly possible in the present incarnation and order of society, they content themselves with making a storehouse out of the intestinal canal for an indefinite length of time as they concern themselves with external affairs of work or sport. A sorry lot they are, indeed, when they are laid up for repairs! Many doctors, I am sorry to say, encourage, with a chuckle, this foolish practice. "Any time to stool you can manage to get, so that you stool at least once a day, or once in every two or three days; stool when it is normal for you to do so." This criminal advice just suits the sleepy, the lazy, or the "awfully busy."

The American habit of doing things *en masse*, of handling things in large quantities or in bulk, has something to do with their don't-care constipated habit. Small evacuations two or three times a day seem too much like small business, which of course

## Intestinal Irrigation

is a waste of precious time. Wholesaling, laziness, lack of system, hurry, are the cause of good-for-nothingness of body and mind. It should never be too much trouble to restore the lost impulse for stooling twice or thrice daily.

Is it a small matter to have the main sewer of a city partly or entirely closed, or the main sewer pipe of a dwelling stopped up? Think of the dire results, notwithstanding that the windows and doors remain wide open! The Board of Health would soon deal with the negligent official or landlord. With very few exceptions, "civilized" men, women, and children are negligent and niggardly caretakers of the human dwelling-place—the marvelous body of man. "Lack of time," "have n't the time," or "no time," is the excuse they give themselves and others.

Notwithstanding the numberless victims around them, none of these negligent and niggardly ones seem to get alarmed until the secondary symptoms—such as indigestion, gout, rheumatism, or disease of some vital organ—are sufficiently annoying to demand attention. But I have full faith in humanity. Man does the best he knows how—as a general rule. But often he does n't know how; he needs enlightening.

The hints I have given will, I am confident, be considered and acted upon by all to whose attention they are brought, for, by acting upon them, normal bodies and minds will result, and blessings attained heretofore considered impossible. Normal

## Objections Answered

health depends on right doing and being. Eternal vigilance is the price to be paid for the attainment and maintenance of the goal of normal life and progress. Eliminate all waste material from the body and all shifty vermin from the mind, and the millennium for all things in the universe will soon dawn.

# Intestinal Irrigation

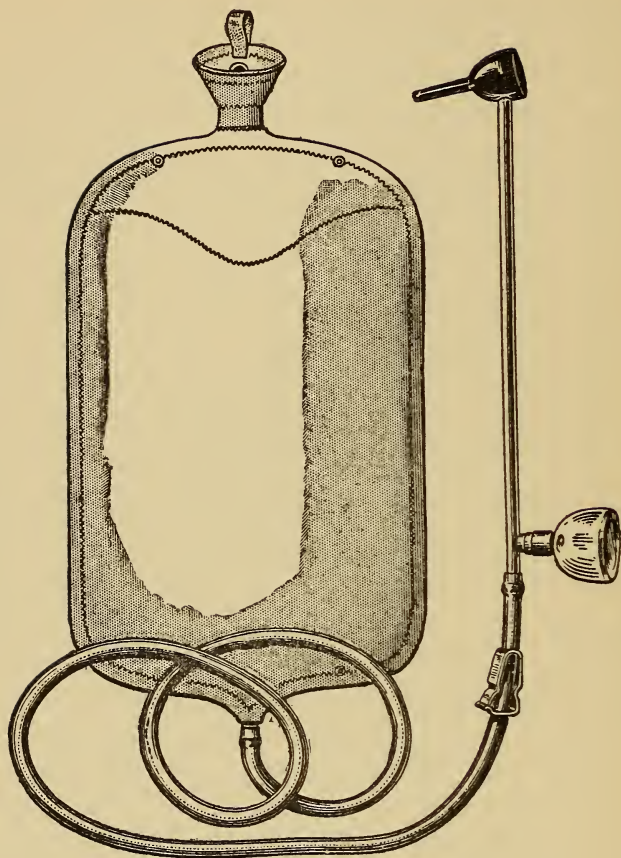


FIG. 24.

NIAGARA FOUNTAIN SYRINGE.

(Patented Nov. 14, 1905.)

The above illustration represents the Niagara Fountain Syringe, to which can be attached the enema handle, Fig. 22, Fig. 23, or the combined enema and recurrent douche handle, Fig. 21, page 91. The Niagara Fountain Syringe is made of soft rubber and holds about two gallons of water, and is very handy when traveling or in need of a hot-water bottle.



## CHAPTER XIV.

### LAME BACK.

THE manufacturers of various compounds advertised in our daily newspapers and on the billboards usually select very common ailments or symptoms on which to exploit the merits of their product. They make no distinction between a disease and its symptoms ; and why should they, when their sole object is to sell their goods ?

Lame back is a common weakness of that portion of the spine usually spoken of as the "small of the back." As a general rule, it is an indication of some pelvic disease involving the anus, rectum, colon, bladder, or uterus. Those who suffer from disease of one or more of the pelvic organs will have at times reminders that they have a lame, weak, or "dead" spot at the "small of the back" or a little lower down on the spine.

As an illustration, a current advertisement reads as follows : "Weak Backs! If you happen to be one of those unfortunate people with a weak, lame, tired, aching back, it is time you were finding out about ——." Then the advertisement proceeds to tell how to put on a plaster or a liniment, or rub the back for a week or two with the hands. An-

## Intestinal Irrigation

other enterprising wonder-worker asks: "Do you get up with a lame back? Thousands of women have kidney trouble and never suspect it." "Lifted from the depths of despair by——" etc. Now, this may be seriously alarming to actual sufferers from lame back.

The kidneys are located several inches above the region called the "small of the back"; therefore, a difficulty in this region does not necessarily indicate disease of the kidneys. Those who suffer from the symptoms described — lame, weak, hot, dead spots, lumbago, rheumatism, etc. — at this portion of the spine may suspect that some of the organs in what is called the pelvic cavity are causing them. The spinal nerves (lumbar nerves) on leaving the "small of the back" and proceeding lower down are distributed to the anus, rectum, bladder, uterus, etc., and when one or more of these organs are diseased the victim will have some of the symptoms in the portion of the back mentioned above. The earlier indica-

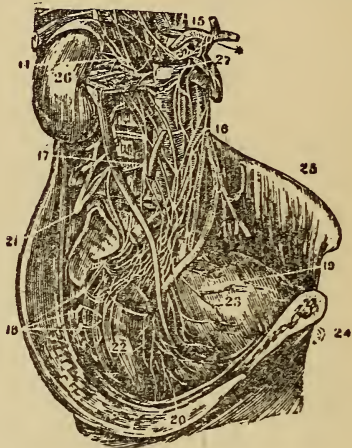


FIG. 19.

Showing the distribution of the sympathetic nerve about the rectum. 22, the rectum; 23, the bladder; 26, the kidney; 20, the rectal plexus; 19, the vesicle plexus; 18, the sacral ganglia; 21, the lumbar plexus; the lumbar ganglia; 16, the mesenteric plexus; 15, the solar plexus; 27, the aorta.

## Lame Back

tions of a disease are usually localized, but, as the malady itself persists indefinitely, both the sufferer and his physician are often deceived as to the producing cause of the varying symptoms manifesting throughout the body.

In this brief chapter I will confine myself to the diseases of the anus, rectum, and colon, as causing so much annoyance from the symptoms enumerated at or below the "small of the back." The most common ailment that afflicts mankind is chronic catarrhal inflammation of the anus, rectum, and colon. The disease invades not only the mucous membrane but the whole bowel structure, and the nerves report from the seat of the trouble up to where they enter the spinal column—a region that should be called the porous-plaster region rather than the "small of the back."

The chronic inflammation involving eight to ten inches of the lower portion of the intestinal canal, like all other diseases, has its alternating periods of quietude and excitement; and the negligent sufferer must count on having "stitches in the back,"—cold in the back, lumbago, rheumatism, sciatica, etc., as they are usually called for want of a definite idea as to the *cause* of the annoying symptoms. The physician consulted usually agrees with the sufferer's diagnosis, and coincides with the application of bands, porous plasters, liniments, etc.—which may allay the neuralgic symptoms to some extent.

The reader is so familiar with illustrations in the newspapers and on bill-boards of a man with a

## Intestinal Irrigation

weak or lame back that it is unnecessary here to take up space with a pen picture descriptive of the symptoms and attitudes of a sufferer.

Those who have had occasion to acquire the warm-band, the rubbing with liniment, and the plaster habits, had better direct their attention and remedies to the *cause* of the symptoms. One frequent source of all these back symptoms is chronic inflammation of the anus, rectum, and colon, with more or less ulceration accompanying it. In the female, disease of the uterus complicates the painful symptoms. Usually among the first indications of this disease is some degree of constipation, which in time is followed by local symptoms known as piles, fissure, itching tabs, clot of blood in a vein, abscess, etc. Constipation is a prolific cause of indigestion, biliousness, flatulency, loss of appetite, self-poisoning, anemia, emaciation, uric acid, neuralgia in various parts of the system, catarrhal inflammation of the mucous membrane of one or more organs, and many other symptoms.

A diseased organ is a constant source of unconscious and conscious irritation to the sufferer. If the victim can tolerate the trouble he seldom seeks treatment. "I will not bother with it as long as it is no worse," he says. At times, however, the symptoms become very annoying, and measures are taken to allay them. During the long interval of "better and worse" effects the malady is becoming more deeply seated, and the symptoms eventually appear in all parts of the body.

## Lame Back

As a rule, the majority of victims put off treatment until a protracted period of extreme suffering or the fear of a fatal ending compels them to consult a physician—who labors at a great disadvantage in seeking to effect a cure on account of the long neglect.

Severe symptoms located at the porous-plaster region of the spine, when brought on by disease of the lower bowel, usually indicate an acute stage of chronic inflammation and retention of feces and gases in the sigmoid flexure and colon. Acute or subacute inflammation and fever and pressure of the feces are more than the long-abused nerves can endure, and severe pain is the result.

Then the sufferer has something to say about his back, and what is best to do for it.

The logical course is to unload the bowels of feces and gases by a generous use of the enema and to treat the diseased tissues kindly. The symptoms will soon disappear when the cause is removed.

## CHAPTER XV.

### URIC ACID.

A SOCIETY leader, in speaking of her ills to a woman friend, said : " I am 'lousy' with uric acid." From infancy to old age, mankind is more or less filled with uric acid and other poisons—the result of a foul intestinal canal. Poisoned blood is a common symptom, and it arises from an almost universal cause—chronic constipation. So universal is constipation of the bowels in illness that it is the first duty of a physician to prescribe some remedy to unload them.

It is said that a Boston doctor, whose practice was largely among the wealthy classes, used to say : "There is no use in physicians pretending to be anything else—they always smell of rhubarb." And in an address to a class of medical students an old doctor once said that he and his associate practitioners had found that calomel and opium filled every want in the ills they were called upon to treat.

For ages all mankind has striven to find a remedy effectively to clean the intestinal tract. Pills, powders, tablets, wafers, suppositories, salts, teas, candies, and syrups have been administered—all with



## Uric Acid

that sole purpose. Efforts have been made to accomplish this object by utilizing every possible device and contrivance known to human ingenuity. Calisthenics, massage, physical-culture exercise, mental therapy, horseback riding, "dieting," fasting—these are some of the many means resorted to in order to "sterilize" the foul, constipated intestinal canal.

Albeit that the cleaning of the digestive apparatus in the case of a sick person is regarded as a necessary first help the world over, few persons realize that it is of equal importance in the case of a seemingly healthy person. Is it not a fair inference, therefore, that where a purgative—such as calomel, or one of the innumerable similarly-acting medicines—temporarily relieves a patient's symptoms, the timely precaution of keeping the intestinal canal and system clean would prevent a person from getting ill?

The reader may think that, in these observations, I have wandered away from my text, but, as uric acid is the *symptom* of a combination and complication of disorders of which constipation is the secondary cause, the connection and sequence of my remarks are evident. It is safe for a layman to assume that, where so many diverse schemes are employed to relieve symptoms, the diagnosis is wrong—also the treatment.

A few of the many primary symptoms of proctitis and colitis are constipation, diarrhea, indigestion, biliousness, flatulency, putrefaction, and

## Intestinal Irrigation

gaseous and bacterial poisons—a foul gastro-intestinal canal, through which there are daily absorbed from the bowels two-thirds to three-fourths of the excrementitious matter into the system. With these facts before us we need not be astonished at the statement that nine-tenths of human ills have their origin in the digestive apparatus.

Among the secondary symptoms of proctitis and colitis is poisoned blood—anemia, which is usually followed by impaired nutrition and emaciation or obesity. Along with the changes in the blood and nutrition there occurs lodgment or deposit of salts, acids, etc., in the various organs and tissues of the body. Almost every one is familiar with gouty deposits in the finger joints and other joints of the body. If the deposits occur in the muscular tissue it is called rheumatism. If in the urinary organs we have gravel, Bright's disease, diabetes, cystitis, irritation of the neck of the bladder, frequent calls to urinate; and the urine, scanty and high-colored, on cooling reveals a crystalline deposit. The principal mineral substances of the urine are as follows—of which one or more may become poisonous: chloride of potassium, chloride of calcium, chloride of magnesium, chloride of sodium, sulphate of potassium, sulphate of soda, sulphate of magnesia, phosphate of soda, and phosphate of potassium.

The liver gets its share of the foul substances generated in the intestinal canal, which cause congestion of the organ. Toxic biliary salts and

## Uric Acid

acids are present. The deposit may form gallstones, and jaundice and many other annoying symptoms may occur. The system is simply a filter, or blotter, that lets the poisonous contents of the intestinal canal pass through and out; but all the organs and tissues, during the process, retain many of the foreign toxic substances, which overtax (and frequently destroy) their functions with work that Nature never intended they should do. Think of it—all the organs and tissues around the intestinal canal serving as *fecal vents*! Deposits cause irritation of nerve centers and nerve cells precisely as in fibrous and cartilaginous tissues; and we speak of the symptoms as spinal irritation, hysteria, chorea, lumbago, sciatica, nervous tension, headache, irritability, despondency, melancholia, insomnia, dementia, etc. From the disturbance of the voluntary and involuntary nerves we have irregular circulation of the blood from disturbed heart action, cold hands and feet, and flushing of the face alternating with pallor, vertigo, and dizziness. The capillary circulation becomes obstructed with crystallized bodies, as chunks of ice obstruct a stream of water.

Catarrhal inflammation of the mucous membrane is set up in various parts of the body by the deposits in the membrane and the abnormal means of their elimination through it. The skin of the body, which is the mucous membrane turned outward, suffers likewise from diseases having numerous names.

## Intestinal Irrigation

Doctors have always expressed a poor opinion of the liver because it did not keep the bowels sweet and clean, and they mistakenly though honestly called it "the lazy liver," "the torpid liver," "hepatic insufficiency," "atony of the liver," "sluggish liver," "hepatic torpor," "fatty liver," etc.; and the poor victim of proctitis and colitis was glad he had consulted the doctor and learned "just the cause" of his internal troubles—and could suffer on more reconciled to his malady since he knew its exact name and could continue to take with regularity one or more of the many powerful liver excitors, to stimulate activity in the liver and bowels once every day or two, if possible. By some strange psychological or other influence of late years, however, physicians have turned their attention to the "lazy kidneys," and now it is difficult to decide which they are purging the most—the liver or the kidneys. At any rate, they both must be violently excited at the same time, and we hear "lithia" mentioned, or "laxative salts of lithia," every time uric acid is thought of. Stimulate the lazy liver and kidneys, and with abundant salts dissolve out of the tissues and blood the precipitated deposits; this is the fashion of the times.

Diagnosis wrong and treatment harmful! Water is by far the best agent to dissolve salt compounds, to dilute acids, or to remove filth. It is also the best means of soothing and relieving the long irritated and inflamed tissues and organs, that have had from two-thirds to three-fourths of the daily

## Uric Acid

fecal mass thrust upon them and collected in them, when they are called torpid, lazy, and whipped up unmercifully by bile and urine bouncers. We ourselves would be very torpid, sluggish, or "lazy" if called upon to do the work of two persons under such embarrassing physiological circumstances as being filled with toxic substances, or thoroughly auto-intoxicated.

When will common sense take the place of theories founded on guesswork, and some thorough washing out by plain or distilled water be done, internally as well as externally? After such an operation some specific remedy may be taken, if demanded, with the certainty of permanent good resulting. But remember, your aqueous body, held in its form by the skin and mucous membrane, needs a well-nigh constant stream of pure water flowing through it to keep it fresh and clean.

The diagnostic error of mistaking effect for cause, however, is frequently made. Patients are treated for one of the secondary symptoms—say uric acid—with a view to abate that disorder and restore health, when treatment for the specific cause of constipation—proctitis (inflammation of the anus and rectum)—would restore the patient to his normal vigor. Pale, anemic sufferers from constipation are often told that the restoration of their blood to its normal state will effect a complete cure. No idea could be further amiss, for if the poisoned victims take coal oil, fish oil, malt compounds, iron, etc., as tonics, into a disordered

## Intestinal Irrigation

stomach and unclean bowels, how can anything more than imaginary relief be obtained? Is it not evident that the chief disorder, *proctitis*, the main cause of the trouble, has in no way been reached?

In other complications arising from constipation, a favorite diagnosis is one of the secondary symptoms—"atony" of the bowels, liver, or kidneys. In these cases *nux vomica* and various poisonous compounds are given, but here also it stands to reason that the administering of remedies for symptoms cannot effect a cure of a chronic local disease of the anus, rectum, or colon. Then, again, by way of variety, a diagnosis of "uric acid" is made for which irritant drugs are administered to increase the eliminating or excretory action of the bowels and kidneys. It is utter folly and absurdity to attempt the cleansing of the intestinal tract by laxatives, cathartics, purgatives, exercise, etc., and to make the kidneys and liver, overtaxed from foul bowel products, do still more work by giving medicines to increase the urinal and biliary secretions.

It does not require a knowledge of the principles of physiology and pathology to know that no sufferer from chronic constipation can be permanently benefited if any or all of the secondary symptoms already noted be treated with the usual list of drugs and the cause ignored.

Much stress is laid upon the quantity and quality of food consumed by most people, and many generalizers attribute chronic constipation, uric acid,



## Uric Acid

etc., to this very thing. Surely the average person knows that too much or too little food taken at regular intervals is not conducive to good health—a view that I have found borne out by a large majority of my patients, who rarely overstepped the limits and knew when a diminution in the supply of nourishment was advisable.

In the last analysis, the principal cause of ill health is lack of elimination of the excretory organs. When the bowels fail to do their proper work, the functions of the other organs of the body become correspondingly affected and impaired, and general debility ensues.

In previous chapters, also in my book, *Intestinal Ills*, I have made plain the causes contributing to chronic constipation and the use of enemas and their origin. *Prehension* and *elimination* are two subjects that are vital to the welfare of man. If the eliminating power of the intestinal canal is normally active, the fortunate individual may eat abundantly, or really in excess of the requirements of the system, and still escape any ill effects, such as indigestion, biliousness, acid in the urine, etc. The hearty consumer of food whose bowels eliminate properly may suffer a loss of appetite, but it will not be accompanied with foulness of the digestive apparatus.

When all the organs of the body perform their functions in a normal manner, no part of the structure is in immediate need of repair. Every organ whose function consists in building tissues, muscles,

## Intestinal Irrigation

or some other part of the body, having a sufficient supply of reserve nutriment on hand, makes known this state throughout the organism; hence there is no craving for food, no appetite, although the tongue, stomach, and intestines are in a normal condition. In this state of surplus of nourishment the person may omit a few meals or partake sparingly until the expenditure is equal to the income. But such physiological happiness is not for the person whose intestinal canal and system are clogged and foul from undue retention of excrementitious material, causing no desire for food, while all the atomic builders of the body are wanting nourishment and protesting through the nervous system against their impoverished condition.

Sufferers from self-poisoning, as described in this chapter, should irrigate the system thoroughly by frequent drinking and by copious injections of water into the bowels. The action of the enema if properly given and the drinking of water that is pure or distilled increase the quantity of urine and diminish the renal congestion, while increasing the eliminative action of the skin.

Irrigation of the bowels for fifty minutes or more with hot water (120 to 125 degrees) increases the action of the kidneys. Hot irrigation (125 to 135 degrees) is especially recommended to increase the discharge of urine and the action of the skin, and should be continued for sixty minutes or more. The Intestinal Recurrent Douche, described in a subsequent chapter, is an excellent instrument for

## Uric Acid

the employment of hot water to produce diuresis and diaphoresis.

The Chemung Spring Water and Clynta Double-Distilled Water, sold in New York, are excellent drinking waters and can be obtained at a moderate price.

## CHAPTER XVI.

### RATIONAL SANITATION AND HYGIENE.

WE, all of us, like to use things; indulgence is enjoyable, but it generally ends with the day. Few of us "take thought of the morrow." Neglecting, as we do, the *instruments* of use, their availability for permanent subservience to our wants steadily diminishes, becoming finally lost. Is it that we do not know any better, or is it that we are really so intoxicated with the Present that we simply ignore the well-known claims of the Permanent? Whatever the explanation may be, it is nevertheless passing strange that little or no care is bestowed on either our external or internal servants, instruments, or organs, which otherwise are ever ready to keep us well filled with the pure wine of joy. Perhaps it is that many of us find Nature so lavish in supplying us with the means of joy that we are naturally equally lavish in wasting them. True economy—that is, the conserving of means for their effective use—is yet to be learned by man. Especially is this the case with our interior means, our flesh, blood, nerves, vital force, etc. Nature seems so ready to recoup and renew the organic loss incurred by our use or indulgence—recupera-

## Rational Sanitation and Hygiene

tion seems so easy — that we simply grow careless, reckless, prodigal, and before we are fairly aware of it the disintegrative process gains an ascendancy over the restorative, and thenceforward our time will be spent in endeavoring to cure what might have been kept whole or well.

Nor is it an organ of the body here and there that we neglect or abuse ; it is more especially the entire system of organs called “the body.” The body is the organ of man’s spirit. We give no heed to its tones ; perhaps we have never caught its rhythm ; certain it is that when but a short time in our perverted hands its chords are more or less jangled, and a minor part is played in the grand symphony of life.

The organ of man’s spirit ! How rational, nay, how necessary, it would seem to be to keep that instrument keyed to its perfect work !

But the ordinary denizen of civilization has a most ridiculous ideal of physical capability, namely, that the savage — a being altogether “physical” — was able to retain a healthy body till ripe old age without attention either to sanitary surroundings or to the hygienic functioning of his system of organs. The “civilizee’s” fancy picture of the noble savage is not based upon verifiable fact. It is true that we have a few attractive myths concerning savages that had survived appalling hardship ; but we are just learning of the innumerable host that have perished periodically of various contagious diseases, and of the countless number (infants,

## Intestinal Irrigation

youths, and adults) that have suffered from all sorts of ailments. Alas! how little we know—or, for that matter, how little we seem to care—of the great multitude of “civilized” fellow-creatures whose lives are all jangled and out of tune through subjection to the many ills that flesh seems heir to; ills that have arisen through either ignorance or the voluntary *ignoring of the light of accessible knowledge!*

In another aspect the human race is like an army that concerns itself with its immediate and imperative duties and has no time or thought to bestow on those that fall out of the ranks. But slaves to stern duty offend against Nature's normality as do slaves to desire; and the former little suspect that their retirement also is near at hand. In health we seldom or never think of the conditions for the maintenance of health. That these conditions should receive our prime attention is obvious when we contemplate for a moment (1) our race of invalids, and (2) the growing unsanitary condition of modern industrialism, involving, as industrialism perforce must, the unsanitary life of the factory, workshop, office, and hothouse home.

Again, with the advance of high-pressure civilization and culture human beings are developing a more highly sensitive physical organism, pitched to finer issues. How urgent the necessity for a greater safeguarding of that organism!

If it be claimed that many of us do live up to our knowledge of health conditions, and that we



## Rational Sanitation and Hygiene

are notwithstanding unwell, I would answer that our knowledge now is very disconnected, and that when the time shall come that our itemistic information shall have coalesced and formed a system of principles, we will then have trustworthy rules for the acquisition of health habits and become completely normal physical beings. At present most of us are intemperate in one or more ways. We eat too much or too little—too rich or too poor food. So it is with our drinking, our sleeping, our sporting, our enjoyment of this or that excitement—the quantity or the quality of each of these is not well adapted or proportioned to the conditions of normality.

Let me offer the health-seeker a few indications of the sanitary and hygienic requirements demanded by Nature's normality. In our family and household life, to carry into execution daily hygienic measures, it is essential that we have ample, accessible conveniences for the necessary ablution of the body, externally and internally. How extremely rare it is, however, that bath-tubs and water-closets are found in sufficient quantity and suitable quality in our apartments. As household fixtures they are usually about as scarce as hens' teeth.

In New York City a house with from eight to sixteen persons is restricted to the use of one water-closet and one bath-tub. On these (and a laundry and servants' privy in the basement) there is the tax of ten dollars a year. Now, should that rare human product, an enlightened and humane owner,

## Intestinal Irrigation

put in eight more bath-tubs and water-closets for the proper accommodation of his sixteen guests, so that each suite of sleeping apartments should have its appropriate conveniences, he would have to pay an additional tax of forty dollars a year. Is this tax levied with the connivance of the Board of Health? It would seem so, since no protest from that august body has ever been heard within the memory of the oldest inhabitant. Indeed, the suspicion is not at all unwarranted that if the masses were less constipated and better washed they would have less use for the doctors, and that, therefore, it is not well to encourage undue sanitation and hygiene.

It must be, too, that the Department of Water Supply has figured it out quite beautifully that a saving will be insured in the amount of water consumed by sixteen persons if they be restricted to one bath-tub and one water-closet; otherwise forty dollars a year would not be charged for eight additional tubs and closets for the use of the same number of persons. Listen to a sample of their logic: "Sixteen persons with eight additional bath-tubs and water-closets would use more water than if they were restricted to one of each—hence the additional tax. We don't care a continental whether these human beings are clean externally or internally; that's not our lookout. But we do care that they should n't use more water than just so much, see!"

And does the august Board of Health raise the

## Rational Sanitation and Hygiene

least objection to this sort of logic? None whatever.

Professor C. S. Smith states that, out of 255,000 families in tenement-houses in the city of New York, only 306 had access to bath-tubs in their own homes in 1894. In 1897 one city block containing 904 families did not have a single bath-tub.

Paradoxical as it may seem, there is, notwithstanding the appropriation every year for the New York City Board of Health of over one million dollars, a prohibitive tax on bath-tubs and water-closets—that is, on cleanliness—prohibitive on all homes except those of the wealthy. Is it to be wondered at that contagious diseases are prevalent, especially during the winter months, and that we have so many acute and chronic maladies?

Let me make a suggestion here for the serious consideration of our city fathers: Reduce the appropriation for the Board of Health to two hundred thousand and give the other eight hundred thousand to the Department of Water Supply, so as to abolish the tax on water-closets and bath-tubs. If every citizen of New York could have all the water he needed for cleanliness and comfort, there would be little excuse for the existence of such a body as the Board of Health; its existence would then be more honorable than onerous. Furthermore, the city, as a corporate body, should manufacture bath-tubs and water-closets, and furnish them at cost. Thus would it insure a great stride toward the health of its own citizens. When the disease-pro-

## Intestinal Irrigation

ducing microbe becomes scarce, the occupation of the Health Board pathologist will be gone. Hold! Could he not devote his time profitably to studying the habits of health-producing microbes—for there *are* such? Microbes are absolutely necessary for higher forms of existence, it being now well known that some microbes are destructive or pathological and that others are constructive or physiological. Is it not much wiser to spend our millions of dollars for the prevention of disease than for quarantining it? Inducing, and even compelling, people to be clean is a far better policy than to compel them to be vaccinated.

Now, we pay the Board of Health many thousands of dollars a year simply for making cultures of disease-producing bacteria so that antidotes may be found. The pictures and history of these bacteria are published in many large volumes, costing the city several hundred thousand dollars a year. Scientific as this practice undoubtedly is, it is very expensive—and needless.

Every year thousands of children and invalids of New York receive improper nourishment, or are made positively sick, on milk that is either foul, stale, or ready to sour; and every summer thousands of children die from complaints traceable to this source. Swill milk is one of the great generators of disease-producing germs to which all sorts of “complaints” are due. Does the Board of Health care a fig for the generator? No; the Board is absorbed in watching the antics of the

## Rational Sanitation and Hygiene

germs! Mighty intellects are searching for malignant, multitudinous mites. Yet there are just a few mites of common sense in existence, which if encouraged will breed quite as fast as the sinister ones. Indeed, there must be one or two at work in myself, for I seem to be urged to say that if our City and State Boards of Health should see to it that our cows are kept clean and healthy, our milk clean and pure, our cans clean and well scoured, and our shops and ice-boxes clean and free from odor, there would be no occasion for germ cultures of diseases brought on by swill milk.

Our milk example will illustrate what germs of common sense would do to ward off all kinds of disease-producing micro-organisms. Rigorous regulations, well enforced, as indicated above, would work in other lines as well. And when the source is gone sinister microbes will not come into existence, and diseases that have resulted from such microbes will have gone into innocuous desuetude.

There should be a bath-tub and a water-closet in every suite of sleeping apartments. When this is the case, there will be a larger number of persons clean internally and externally, and the doctors will be on a hunt for health-producing germs instead of disease-producing ones. Let us start an organized movement in this direction.

Last summer Medical Science went about killing mosquitoes on Staten Island with a little spraying apparatus, and managed to disturb the pest for a day or two from its customary bivouac. Christian

## Intestinal Irrigation

Science stood aloof and smiled superciliously, claiming that "there are n't any such things as mosquitoes ; but if they should prove to exist, there is n't any malaria anyhow." Good sense might have suggested to Medicus the draining of the ponds for gardening purposes ; and, if that were not possible, the filling in of the edges and the making of deep-water lakes for the sport-loving youth, who might be depended on to keep the water stirred up by boating, etc., free of charge, and thus convert a pest pond into a pleasure lake. Pleasure and cleanliness are taxed to-day for disease and pests. Oh, human imbecility !

As to public baths, there are so many objections to them that I cannot touch on the subject in this chapter. But let me impress upon the health-seeker, the public-spirited citizen, and our city officials that what we urgently need are ample conveniences in our homes for internal and external cleanliness—conveniences easily accessible several times a day, every day of the year.



## CHAPTER XVII.

### PERSONAL CLEANLINESS.

AT the close of my last chapter I referred to the ever-recurring problem of public baths. Annually its agitation is renewed in lectures and newspapers ; public bathing is voted without disagreement the thing of things needful to render the laity—*i. e.*, the labor population—physically pure. It is the long-felt want ; but, like the longed-for walk of the annual Sunday-school parade, it is soon done and gone. Still, we must have patience with those dear souls, our ethical teachers of the press and platform, for taking such a deep, sentimental, though unscientific, interest in the welfare of the unclean. Owing to the non-existence of home facilities for cleanliness among the working class, the accumulations of soil and exudation during the long fall, winter, and spring months are so great that their bodies become too rank and malodorous for the nostrils of the refined. Consequently, as all animals seek the tepid water of the summer, and as man is no exception to a capacity for laving in the circumambient fluid, to three-fourths of the population of this metropolis it must be a glorious perennial treat to dip in the river, bay, or sea ; and it

## Intestinal Irrigation

must indeed be a dire necessity to those that have managed to survive contagious and other diseases during their long immurement. Without this summer cleansing few animals, bestial or human, would run half their average careers. It is accordingly not strange that during the summer a bath in open water is a daily hygienic necessity and source of joy to thousands of creatures.

Now, it is just because godliness appears in the wake of cleanliness that I made so strong a plea in my last chapter for ample bath-tubs and water-closets. For I do not approve, nay, I emphatically condemn, the system of public baths along the shores of our rivers and bay. Their waters are contaminated by numerous sewers, and bathers have contracted many contagious diseases that have become epidemic in neighborhoods. Note especially the annoying eye troubles that follow in the wake of such bathing. Of course, the sport and exercise involved in open-water bathing are highly commendable; but the danger of contracting contagious disease, and the outrage of the sense of refinement when contemplating fellow-creatures in the act of stirring up polluted waters, should call a halt to our encouragement of public bathing in and around our metropolitan water fronts. These waters are surely anything but a means of cleanliness.

The water-closet, however, is of far greater importance than the bath-tub, and especially than the public water-gymnasium—which last is so much

## Personal Cleanliness

lauded by some of our misguided philanthropists. Intestinal foulness, as a prolific source of disease, is of far more serious importance than surface foulness. However, both the bath-tub and the water-closet are indispensable to every suite of rooms.

Another need imperatively demanded by the exigencies of city life is the establishment of public water-closets at several thousand convenient centers throughout this great city. At present the male population, when away from their residences, are obliged to make use of a near-by saloon—a most uncertain resort, and one in which courtesy will generally constrain them to imbibe intoxicants *nolens volens*. The female population have not even the saloon as a resort, and can relieve themselves only when in the vicinity of department stores. American enterprise can improve in many respects on the several European models of public-relief stations. The public is becoming conscious of its needs and rights in this respect; and one of the sanitary evolutions of city life—congested as it is—will be ample and cleanly public accommodations for intestinal relief.

Americans in general suffer from dyspepsia, biliousness, constipation, uric acid, etc.—all of which disorders are symptoms of that world-wide disease, proctitis: inflammation of the anus, rectum, and often the colon. Nor is it any wonder that unwashed humanity suffers from proctitis and its consequences. The unwashed have no bath-tubs and practically no water-closets. This lack is due to

## Intestinal Irrigation

the tax on water facilities, to expensive plumbing, and to too much "science" and not enough common sense among our city fathers. As a consequence of ignorance and inconvenience, most people defecate but once in twenty-four hours; and very many but once in two or three days or a week. The once-a-day stool is frequently scanty, and as a consequence the kidneys, lungs, and skin are called upon to perform the vicarious function of eliminating a portion of the daily excrement; and the colon and sigmoid flexure have to hold the stored contents unduly—until the feces be expelled by purgatives or by the irritation that the accumulated mass occasions. Could the members of the Board of Health and the people at large be brought to a realizing sense of the value of personal cleanliness,—internal as well as external,—bath-tubs and water-closets would abound in our homes.

Man's habits as to eating, drinking, dressing, bathing, and especially as to defecating, are clues to his growth in refinement. But we must beware of judging a person by one or two good or bad habits; he should be estimated by the sum of his habits and their peculiar combination. Refined habits are not all of them acquired at once; they develop slowly, one after another, when opportunities are favorable, especially the habits as to bathing and defecating. Opportunities for these latter are woefully lacking at present—the cause and consequences of which lack are pointed out in the last chapter. A child will derive far more good from a

## Personal Cleanliness

ready access to bath-tub and water-closet than from a lifelong attendance at Sunday-school and church with the temple of the human soul permanently unclean. Only one that has learned to respect and care for the abode of the soul—the body—is worthy of being classed among the refined. It is truly deplorable that the great majority of the human race are creatures of the moment or the hour, tolerators of abnormal functioning, slow suicides of vital capacities. Claims of the permanent are constantly ignored ; most of us are blind to the joy involved in the harmonious functioning of all the organs—a functioning that always ensues upon hygienic care.

Our organs will for a time bear neglect or unhygienic conditions without protesting their annoyance. Many persons never use hot water or soap ; others find one bath, in river or sea, quite sufficient for the year ; others, again, feel the need of a bath once or even twice a month, or even once a week. But there are very few of us that seem to require a bath daily. Many, alas ! have grown accustomed to a bathless existence.

Have you ever stood near an Italian or Greek street vender, or have you ever been within five feet of a low-class Polish Jew ? If so, the stench arising from his unwashed body must have nauseated you. It is no secret that such persons never wash—especially the latter, who live in rooms reeking with filth. Contemplating such conditions, I feel impelled to propose a great, nay, the greatest

## Intestinal Irrigation

reform—one suggested years ago by Samuel Butler in *Erewhon*. Let us make Health the great civic virtue, and Disease, as well as unsanitary and unhygienic conditions, the crime. Our so-called crimes of theft, murder, forgery, etc., should be treated as weaknesses and faults to be corrected by Moral Rectifiers—by the preachers, priests, rabbis, and ethical culturists. Consider how much is implied in developing and breeding a race of healthy men and women. All relations of life would feel the vital change at once, and moral weaknesses would disappear. Any human cesspool entering a public conveyance, or in any way mingling with cleanly people, should be arrested, thoroughly cleansed, internally and externally, and sequestered for a time sufficient to teach him better. There is a local rule of the Board of Health against spitting, but it is rarely enforced. There are millions of public expectorations to one arrest. For the appearance in public of consumptives, and their offensive hawking, coughing, and spitting, no one seems to have suggested a remedy. All diseases should be classified as to grades of punishment; and all moral weaknesses, such as defalcations, adultery, burglary, should be treated at the various hospitals, which latter should be conducted solely by Moral Rectifiers.

In closing, I shall direct attention to a few other points in personal cleanliness—the mouth, ear, nose, and throat.

It is important on hygienic grounds that the



## Personal Cleanliness

mouth receive proper care two or three times daily.

The ear is commonly kept clean ; still there are many instances of non-refinement of this organ, and from its non-hygienic treatment deafness often occurs.

The prevalent nasty, ill-bred habit of hawking and spitting in public, or in company, even by genteel persons, can be cured best by early training in correct habits. This habit, as well as the evidences of throat troubles, is usually to be ascribed to inattention to the nose. When catarrhal conditions are avoided or properly treated the throat will not be so affected as to necessitate this reprehensible practice. Trouble is invited for the tonsils and soft palate by our constant hawking ; certainly the tender sensibility of the throat is destroyed thereby. Inasmuch as the tobacco habit is so general, and spitting is a necessary accompaniment of that habit, stringent laws against hawking and spitting would be unpopular among the masculine half of the race. But should public opinion ever become educated up to the point in which disease becomes a crime, opposition would cease. This consummation is devoutly to be wished, for then we will have adopted and followed Ingersoll's injunction to "make health catching, not disease."

## CHAPTER XVIII.

### HOT WATER IN THE TREATMENT OF PROCTITIS AND COLITIS.

**I**N treating chronic ulcerative inflammation of the anus, rectum, sigmoid flexure, etc., it is well to take advantage of every really practical device to which one may have access, so that valuable time may be saved in obtaining relief and effecting a cure.

The capillaries, veins, arteries, and arterioles in an inflamed organ become distended and the tissues swollen, indurated, and tense by the excess of blood and the inflammatory serum deposited in the tissues. The vasomotor nerves in the diseased part have lost their contractile power, which fact increases the stasis, or congestion, of the blood. Circulation in diseased tissue depends very much on the general tone of the system, and if the circulation is below the normal the ravage of the malady is increased proportionally.

Have you ever observed a little stream of water enter a large pond in which were grass, shrubbery, logs, decaying vegetation, and débris of all sorts—the accumulation of years? And have you noticed that here and there there were stagnant pools,

## Hot Water in Proctitis and Colitis

without a perceptible motion from where you stood, but that as you reached the side opposite to the entrance some faint traces of motion became visible, and that as you followed the line it soon formed into a stream quite equal to the inflow? The pure water, on entering and mingling with the stagnant water and old deposits, soon becomes corrupted and foul. Somewhat similar unhygienic and toxic results take place in ponds of stagnant blood and abnormal deposits such as proctitis and colitis involve, and where, for six or eight inches or more of the large intestine, inflammation is deeply seated, and blood stasis is of course in full swing. As the débris in a stagnant pond decays, making the water impure, so in an inflamed organ the tissues decay, making the blood impure. Ulceration is an exhibition of this process of congestion, induration, and decay.

The rectum and sigmoid flexure are loosely hung in the pelvic space and are surrounded by fatty cushions of connective tissue on all sides, which fact allows the organ considerable dilatation and motion (Fig. 5). Owing to the anatomical structure and the location of the lower bowel, it becomes a serious matter when it is invaded by an ulcerative inflammatory process—especially when all the layers of tissue forming its wall are invaded, and still more so when the connective tissue around the organ is in the same condition.

Far better were it for the victim of proctitis and periproctitis—filled as he is with channels and

## Intestinal Irrigation

reservoirs—if pus were to form in abundance at once and thus betray the destructive action in the spongy areolar or connective tissue, under the mucous membrane, around the rectum, and in the tissue forming the anus and buttocks.

The pathological condition brought about by inflammation, etc., requires a remedy that will empty the over-dilated vessels and remove the serum deposit in the tissues, which is analogous to the rubbish of a pond.

Our grandmothers were familiar with the therapeutic effects of heat and moisture when they applied hot poultices constantly to an inflamed organ or limb for one or more hours until the tissues presented a blanched, shriveled, and white appearance; if there were signs of the inflammation returning, the poulticing was continued or repeated. They knew very well what the parboiled condition of a washerwoman's hands indicated after a day's work in hot water. They were bloodless, notwithstanding their incessant muscular exercise. In case of inflammation, they reasoned, heat and moisture would make the congestion and fever leave if applied long enough. On beginning the use of the hot poultice, the tissues to which its heat and moisture were applied became relaxed, and the parts for the time more congested than before; but our grandmothers did not mind that, as the final result would justify their hydropathic procedure. They well knew that after ten minutes or more a reverse action would take place, and if the

## Hot Water in Proctitis and Colitis

treatment were continued long enough the blood-vessels and tissues would show little or no evidence of fever or inflammation.

Where chronic inflammation exists, the blood-vessels and tissues lose their normal tone or vitality; consequently, they will require repeated application of hot water as well as other aids until a cure shall have been effected.

Another great advantage in the use of hot water is that its application can be interrupted and resumed without detriment to the diseased tissues or organs. Cold water, on the contrary, causes the vessels quickly to contract and expel the blood, but, on reaction taking place, the tissues become more congested than before.

In the use of water at a temperature of 120 to 135 degrees, or even more, we have one of the most valuable adjuvants in all stages of proctitis and colitis, and, if a properly regulated plan be pursued in connection with the requisite local treatment, more good can thus be accomplished than by all other means combined.

The layman is more or less familiar with the condition of a sore or ulcer in which soft, spongy, or fungous tissues appear, called "proud flesh," which, on an inflamed mucous membrane, is called granular tissue. Were it not for the usual presence of granular tissue on a chronically inflamed mucous membrane and for ulcerated sections or patches, channels, and stretched or pouched mucous membrane called piles, the proper use of hot water

## Intestinal Irrigation

alone would in time effect a total cure in almost every case of proctitis.

Many well-meaning persons conceive the idea that, if hot water is so beneficial, they may use it as hot as possible for the purpose of an enema likewise, since they will thereby not only relieve the bowels of their stored feces but simultaneously do the inflamed tissues "a whole lot of good." Their spirit is admirable, for not all patients are prompted to such thoughtful attempts to do everything in their power to get well—even though they err with the best intentions at heart. Let them remember, however, that the first effect of hot water is to increase the blood supply in the tissues if it be applied for a short time only. In the majority of cases, the enema does not require more than from five to ten minutes; hence, only harm can result if really hot water be used. Now and then a person will become possessed with the notion that a hot enema should be followed by a cold one, to bring "tone" to the lower bowels. But in all these misdirected efforts matters are made doubly worse.

Cold water will allay fever and inflammation, but when its use is once begun it should be continued without intermission until a cure is effected. For this reason it is *not* suitable where chronic inflammation exists—especially on the mucous membrane of the bowels. It is, however, excellent for acute inflammation of the external parts of the body, such as the hands, arms, legs, etc., where it can be



## Hot Water in Proctitis and Colitis

continued without interruption for one, two, or three days if necessary.

In beginning the treatment for constipation, there are a few cases in which the patient has to fuss for an hour or more with the enema before he can obtain any sort of a proper fecal evacuation; or there may be inability to expel the water from the bowels when once injected. This stoppage is most likely to occur at the recto-sigmoid juncture (O'Beirne's sphincter). A strictured condition of the bowels causes retention of feces and gases and why not water as well? In such cases time would be saved, perhaps, by combining the procedure for an enema with that of a recurrent douche, which involves a continuous application of water at a temperature of from one hundred and twenty to one hundred and thirty-five degrees for an hour or more. Figure 21 illustrates a successful device for applying medicated water at a high temperature to the anus, rectum, and colon. This apparatus can be used while sitting on a water-closet seat and the treatment can be completed without changing position or removing the instrument.

The instrument is attached to the reservoir (Figure 18) by a soft-rubber tube. In the cone-shaped piece of hard rubber (Figure 27) is a hard-rubber stop-cock or valve (Figure 29), and by turning the handle sidewise the valve is opened to let the water escape from the bowels into the toilet basin. When sufficient water, at from one hundred and twenty to one hundred and thirty-five degrees

## Intestinal Irrigation

temperature, has entered the bowels, allow it to remain for ten minutes, then permit it to escape by opening the valve; then close it and allow more hot water to flow in and remain for five or ten minutes and again allow it to escape through the rectal point, repeating the inflow and outflow every five or ten minutes for an hour or more without removing the anal point from the rectum during the whole time of treatment. After a few trials it will be found that the hot-water treatment can be accomplished without withdrawing the point.

Rectal Points for recurrent douche are of two sizes (Nos. 25 and 26). The larger one (No. 25) requires a plug to be introduced through the cone-shaped external anal support and rectal point, to make its introduction into the rectum easy, after which the plug is withdrawn and the hot-water treatment begun. The bore of the rectal points cannot become clogged by the presence of feces, mucus or membranous shreds or casts, which are usually brought away by the hot-water treatment. At no time during the treatment can the point become stopped up, the size being sufficient to insure a proper inflow and outflow. And the instrument can be easily cleaned.

Near the attachment of the soft-rubber tube is a glass reservoir (Figure 24), for the use of oils with the enema or the hot-water treatment; it is detachable. A valve regulates the outflow of oil from the pressure of water in the reservoir, as it passes into the bowels. We are enabled thus to treat by double

## Hot Water in Proctitis and Colitis

medication as it were, a chronic disease of the intestines and its symptoms—that is, intestines that have been long neglected or maltreated through lack of proper diagnosis, or by all sorts of chemical compounds from above, through mouth and stomach.

The author and inventor naturally enjoys not a little satisfaction in being able to present to sufferers as nearly perfect an instrument as can be devised ; one that, in conjunction with other aids, meets all requirements involved in the proper treatment of proctitis and colitis. Lavage or irrigation of the large intestine with water at a temperature at from one hundred and twenty to one hundred and forty or one hundred and fifty degrees, not only accomplishes rapid and wonderful cleaning and curative results, but overcomes, when properly applied, contracted, congested, engorged, and inflamed tissues of the bowels. Therapeutically, it has a marked effect on the whole system, being beneficial beyond words to describe ; it relaxes nervous and muscular tension of the body, producing restfulness and sleep ; it stimulates and equalizes the circulation, promotes perspiration, absorption, and active elimination of all deleterious substances from all the organs of the body. Medicinally, it is really a combined internal Russian and Turkish bath, removing abdominal corpulency and gaseous obesity, resulting from chronic auto-intoxication. The external Russian and Turkish baths afford a satisfaction skin deep to the bather, but the combined internal

## Intestinal Irrigation

Russian and Turkish bath is most agreeably relaxing and restful to mind and body, bringing peace, since all the organs of the system are performing their functions. Some of my patients resort to internal hot-water lavage for all aches and ills that mar their happiness. After an external bath the bather may desire an application of oil, alcohol, or cocoanut butter rubbed on the skin, and in the same way the bather's internal mucous membrane is not neglected; for, with the author's appliance, medicated and perfumed oils, extracts, and powders for remedial purposes are carried to every part of the intestines that the water reaches, thus exerting a cleansing, healing, and soothing effect where most needed.

A few sufferers will object to the time required for an enema twice a day, although they find time to eat three, or even four times a day, without any objection whatever; there is plenty of time for filling up the digestive apparatus, but no time for its normal elimination. And these miserable, go-lucky, haphazard people are always sick and unfortunate. The internal Russian and Turkish bath is demanded only by those who truly desire to be free from their bowel troubles, and from the numerous symptoms resulting from mucus absorption, constipation, and auto-intoxication.

A sufferer's efforts to be well depend largely on how much he or she estimates the worth or value of mind and body. A noble purpose in life is priceless; are not one's spirit and body worth the time

## Hot Water in Proctitis and Colitis

required for two enemata each day and an hour for the internal bath, if needed? I think so, and you should likewise.

The author trusts the reader will not infer that all sufferers from piles, anal fissure, pruritus ani and vulvæ, mucus channels and reservoirs, abscess, fistula, and all similar troubles, require the enema and recurrent douche appliance; the character of the disease and its symptoms must determine the requirement of the treatment. Many of my patients receive office treatment only, omitting home attentions, although this is not always advisable. The reader might conclude that the recurrent douche treatment was simply for the cure of a chronic inflammatory invasion of the bowels and fecal auto-intoxication, and not be aware of another great source of auto-intoxication—that is, from the absorption of large quantities of serous, fibrinous, or albuminous exudation from a large area of tissues invaded by the very insidious inflammatory process, a condition which, in time, may reach the pus-forming stage. Thus we have three very grave pathological conditions to meet and remove before the pus-formation stage is made manifest through the development of abscesses. I have found five aids—perhaps more—to accomplish a cure in which I have been exceptionally successful, as my students and patients will verify; these are: local treatment, local medication, the proper use of the enema, the use of the recurrent douche, and the determination of the sufferer to get well.

## CHAPTER XIX.

### HOT WATER IN THE TREATMENT OF EXTERNAL SYMPTOMS.

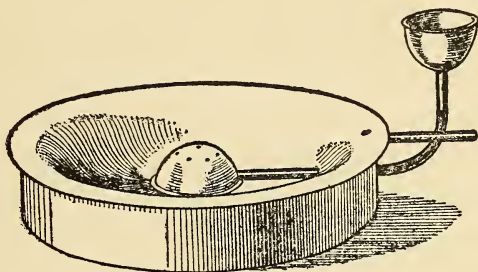
AFTER proctitis has continued for many years it will give rise to painful inflammatory and ulcerative processes at the external anal vent and in the adjoining tissues. The anal mucous membrane and the integument about the anus become brittle, loosened, and detached from the areolar connective tissue by the retention of inflammatory serum. The engorged, indurated, and swollen mucous membrane and integument serve as reservoirs, especially when the chronic inflammation is excited to an acute stage, which stage is often accompanied by a fissure, abscess, or anal ulcer. Soreness and pain in the parts may then be so severe that the sufferer is compelled to stay indoors or in bed. Whatever the symptoms may be—piles, fissure, pruritus, abscess, or fistula—the sufferer desires to reduce the local fever and the acute inflammation, as well as to find relief from the pain. The customary treatment is to use poultices, which are troublesome and ineffective.

In the following illustration I give a good idea of a perfect device for relieving quickly the sore-



## Hot-Water Treatment

ness, pain, acute inflammation, and induration, all of which are so very prostrating; and, situated as they are physiologically, they are exceedingly inconvenient to treat properly by the ordinary methods in use:



(Patented November 8, 1892.)

FIG. 23.

The Sitz-bath pan, though small, is yet of sufficient depth and diameter for all practical purposes, and can be placed wherever is most convenient—on a low chair or a box. The bather should sit on the instrument with the limbs on either side of the funnel through which the hot water enters the pan. Just below the funnel is an overflow tube, under which a vessel should be placed to catch the water as it flows out. While sitting on the pan the elbows may rest on any convenient support, so as not to tire the invalid too much during the bath, which should consume from half an hour to an hour, or longer if agreeable. Hot water may be added every few minutes as the bather finds that the tissues will tolerate it. Depurant powder may also be added to the water in the Sitz-bath pan.

## Intestinal Irrigation

What has been said in a previous chapter on the therapeutic effects of hot water in the treatment of proctitis need not be repeated here.

The three indispensable appliances for combating and effectually overcoming the pathological conditions to which this book and my two previous books—*Intestinal Ills* and *How to Become Strong*—are devoted, are *The Internal Fountain Bath*, *The Intestinal Recurrent Douche*, and *The Shallow Sitz-bath Pan*. These appliances are well-nigh perfect for the uses to which they are adapted.

## CHAPTER XX.

### THE HEALTH OF SCHOOL CHILDREN.

"Cleanliness of body was ever esteemed to proceed from a due reverence to God, to society, and to ourselves."—*Bacon*.

THE International Congress on School Hygiene ended its fourth meeting at Buffalo recently to meet two years hence in Brussels. In the interim the Board of Education in this city, the Department of Health, and the New York School Luncheon Committee will continue their investigations as vigorously as in the past, and the information thus gained will be an important contribution to the next Congress.

Too much attention cannot be given to the question of hygiene, diet, and excretion to meet the psycho-physical requirements of the mind and body in normal health. As a rule, diet is prescribed for the purpose of relieving the various annoying and painful symptoms caused by chronic impairment of the functions of the stomach and bowels, but when we find the cause of these various symptoms arising from a disturbed gastro-intestinal tract, the question of diet will receive less attention. Why has not the subject of normal intestinal

## Intestinal Irrigation

excretion received as much attention as diet in health or ill-health? As our knowledge of the human psycho-chemical laboratory increases, we are able definitely to locate a diseased organ and account for the symptoms caused by the pathological condition of that organ; and when the diagnosis is properly made these symptoms become a secondary matter of treatment.

The chief enemy of health among school children (and older persons as well) is the accumulation and retention of waste matter and gases in the intestinal canal, where are generated ptomaine, toxic, and other poisons which enter into the system, resulting in self-poisoning or auto-intoxication.

What do we mean by school hygiene? Is it only the school building, or the external appearance of the children, their eyes, teeth, mouth, nose, hands? What about the coated tongue, foul breath, fouler stomach, and putrefaction of the contents of their intestines? A human being is only an extension of his gastro-intestinal apparatus, hence it is very essential that such apparatus should be in a hygienic state to ensure his physical and mental resistance and efficiency being at their normal strength. There is one symptom that causes more sickness and suffering from infancy to old age than all others combined—that is, constipation with its attending putrefaction and foulness of digestive organs. Only a small percentage of people escape its baneful effects or the secondary diseases induced by fecal and mucus auto-intoxi-

## The Health of School Children

cation. Such a common primary symptom must have, necessarily, a common exciting cause or origin. Through many years of clinical experience as a gastro-enterologist and proctologist, we have found that inflammation of the anus, rectum, and sigmoid flexure is the frequent or common cause of constipation. Observation has demonstrated that a soiled diaper is the exciting cause of Proctitis and Sigmoiditis in the beginning. Examination of one hundred children of the "defective class" would show most of them suffering from chronic Proctitis and Sigmoiditis, with some degree of constipation and auto-intoxication, and even of those classed as "healthy school children" a large percentage would show the same conditions. The continuous invasion of the neighboring tissues by the disease, the increasing auto-intoxication and constipation, the on-coming malnutrition, and anemia, the gradual emaciation, are all the while lessening the vitality and power of bodily resistance of their victims. The early inception of the malady and its insidious progress, with the symptoms and diseases resulting, easily deceives the victim as well as the parents and medical advisers, until the long-pent-up virulence breaks forth, showing itself in every part of the tabernacle of the spirit of man, when the removal of the primary cause does little or no good.

The Department of Health, in examining the sanitary or hygienic condition of a school building, would not devote all its attention to the top story

## Intestinal Irrigation

to overcome unhygienic conditions; it would probably direct its attention to the trap and vent of the sewer of the building to see that there was no retention and filling up of the pipe to befoul the atmosphere of the structure. Why then so much attention to the head or top story of the human temple, and so little to the trap and vent of its sewer? Are modesty and ignorance to defeat the progress of hygienic measures dealing with the stomach and bowels of our school children? How long will those abdominal incubators of poisonous microbes and gases be allowed to infect not only a school building but all its occupants as well?

The absorption into the system of serous, fibrinous or albuminous mucus exudations from the invasion of chronic inflammation through all the layers of the tissues of the anus (Figure 1), rectum, and sigmoid flexure, as well as through the adjoining fatty tissue in the pelvic space around the organs (Figure 5), under the skin and between the muscles of the buttocks, goes on continuously, creating an extensive inflammable area and source of exudation of broken-down tissues. (See Chapter III.) It is a grave pathological condition and the source of mucus auto-intoxication, and its symptoms ought to be differentiated from those of fecal auto-intoxication. This mucus exudate has an intensely irritating effect on the nervous system, especially when an acute intestinal mucus storm has developed, torturing its victims and unfitting them mentally to attend to the ordinary duties of



## The Health of School Children

the day. Very often this is accompanied by more or less pain or muscular soreness. These annoying symptoms occur very early in the history of Proctitis and Sigmoiditis, and clinical experience has demonstrated to me and to my students the necessity for infants and children being examined in order to determine whether inflammation exists in the anus and rectum, and thus early cut short the progress of the disease and its numerous and familiar symptoms, which I may here enumerate, to wit: indigestion, flatulency, coated tongue, foul breath, bad taste in the mouth, capricious appetite, nausea, intestinal colic, cramps and pains, diarrhea, headache or band of pain encircling the head with sense of constriction, neuralgia, pain about the heart, cold hands and feet, malnutrition, anemia, emaciation, dry skin, seborrhea sicca, carbonic acid toxemia, sallow complexion, liver spots, jaundice, acute bilious attacks, drowsy states, mental torpor, bad temper, night terrors, irritability, melancholia, vertigo, dizziness, loss of memory, insomnia, drawn face, tired feeling, restless sleep, easily fatigued, subject to colds, catarrhal affections of the ears, eyes, nose, throat, etc., decay of teeth, dry cough, loss of hair, impaired vision, sterility, impotency, mucus and membranous cords and casts from the bowels, sediment in the urine, irritability of the bladder, premature age, reduced physical and mental efficiency, inability to concentrate the mind, morbidity, suicidal notions with a view to ending mental and physical suffering.

## Intestinal Irrigation

I am pleased to inform such sufferers that their ills can be properly diagnosed and treated; and the earlier in life they seek treatment, the sooner they will escape the accumulative ills that make existence so painful to endure.

We have mentioned Proctitis and Sigmoiditis as the primary cause of intestinal stasis in the majority of cases; later, other sections of the intestinal canal may be invaded by inflammatory process, causing a more serious intestinal stasis, not infrequently bringing about dislocation of the stomach, intestines, and other abdominal organs. We have enumerated the symptoms and maladies that are now, in the light of latest medical science, traceable directly or indirectly, to this primary cause; in short, it may be said that, with the exception of a few diseases caused by toxic agents, most of the illnesses that cause so much invalidism, cutting short our lives, can be traced to mucus and fecal auto-intoxication.

The purpose of this book and others I have published is to educate my fellow beings as to how to prevent or avoid the many diseases and symptoms that afflict them from the cradle to the grave; already I feel that I have accomplished something in helping humanity, and I trust others will do their part to lessen the ills that flesh is heir to through neglect and ignorance.

## CHAPTER XXI.<sup>1</sup>

### INTERNAL HEMORRHOIDS OR PILES VERSUS RECTAL MUCOUS SAC, RECTO-ANAL MUCOUS SAC.

BEFORE the history of medicine and surgery began, man suffered at his hinder parts as well as at other parts of his organism. Bodily ills are as old as the human race, and the flowing of blood from the "terhinder" was a signal of distress or of physical anarchy, of which the references to "emeroids" in the Bible and in other ancient writings bear witness. The "emeroid" doctors of Egypt, in the time of Moses, unquestionably regarded the distress caused by the "emeroids" as a disease. And it came to pass that every subsequent Moses that has written on the subject of hemorrhoids up to the present time has regarded piles as a disease. And they likewise, all of them without exception, believe the "disease" to be hereditary, as is certainly their information on the subject. This mental obsequiousness of the proctologists of our day is indeed quite a long-drawn-out compliment to the pile doctors of Egypt, since our proctologists still continue to diagnose piles as a disease and "to smite the smitten of emeroids."

<sup>1</sup> Chapters XXII, XXIII, and XXIV have been revised from Papers contributed to *Albright's Office Practitioner*, in 1908.

## Intestinal Irrigation

I have always respected the idea of ancestral worship and of reverence for the dead past, but at the same time I have felt that one should not be wholly oblivious to their egregious mistakes.

If Moses, Samuel, Herodotus, Hippocrates, Galen, and other illustrious men had said that "emeroids" is a symptom of a disease, what a blessing they would have conferred upon suffering humanity. The simple use of that one word would have been illuminating, and would have set the tide of attention for the proper diagnosis and treatment in the right direction. Possibly some one more bold than the servile brotherhood did see and say that it was a mere symptom, but, if so, his temerity was treated by "the wise ones" of that day as similar innovations are treated to-day, with a "Tut, tut tut ; pugh, pugh, pugh. We know better, and we refer you to the following chapters in Holy Writ and to the classical work of the great Medi Cusus on 'Pilus Diseasicus.' And besides, have you no respect for the superior clinical advantages we enjoy?"

Notwithstanding the bad odor in which I shall be held, I will nerve myself to claim that, when the ancients considered and called piles or hemorrhoids a disease, they made a very grave and palpable mistake, and that, having made this mistake, it was inevitable that numerous errors should follow logically in its train when they attempted to account for the etiology, character, and means of cure of this "disease."

Pruritus ani is also called a disease, and a similar

## Internal Hemorrhoids or Piles

bedlam of reasons is offered as causes and means of cure, all of which accounts for the many, many pages of a book filled to overflowing by a "classical" author, with compilations of the redeeming gospel truths on this subject from prehistoric times till the present day, including his own commentary, guesses, interpretations, and surmises. Ignorant as he is of the nature of this symptom, the conjectures of his perfervid imagination are "to laugh." The errors of one or more authors, endorsed by the mistakes of others, seemingly make a truth to minds that are vassals to authority, which accounts for much of the useless medical literature of to-day and for the mistakes of those that are misguided by it.

Considering the pathological condition, it would be better if we were to give a more definitive characterization to it than "piles" or "hemorrhoids." In accordance with the distinctive exhibit contemplated, we should describe it as a rectal mucous sac, an ano-rectal mucous sac, or an ano-muco-cutaneous sac. These are more distinctive and suitable designations for these symptoms of chronic proctitis, inasmuch, by such designations, we call attention to the fact that they are simply constricted mucus<sup>1</sup> channels and sacs, with engorged arteries and veins, formed by the serous exudation that accompanies inflammation.

If a recto-anal mucus channel, under one or more

<sup>1</sup>I found it more convenient to use the words mucus channel, mucus fistula, etc., in preference to sinus, as they better convey my ideas to the average reader.

## Intestinal Irrigation

layers of the mucous membrane, becomes constricted or obstructed (they usually do), its epithelial wall will become sacculated, and then we have a rectal mucous sac, or an ano-rectal mucous sac, or an ano-muco-cutaneous sac, all of which may be present in the same case. The inflammatory exudation called serum distends and destroys fatty tissue, which makes space for its lodgment under the tissue that imprisons it, and at the same time there occurs more or less proliferation of the cells of the tissue involved in the severe inflammation. The internal sphincter muscle, by its contraction, aids in the undue retention of the mucus and blood above it, hence the so-called pile-bearing region—that is, the sacculated mucosa region. The serous exudation meets with obstruction along the anal canal and the mucosa is sacculated. When the integument around the anus offers obstruction to the flow of serum and blood, we find that muco-cutaneous sacs are formed around the anus. If the exudation occurs in the areolar space under the ano-rectal mucosa, it readily passes down into the areolar space under the integument around the anus, and thence to parts deep, devious, and far away, as described in Chapter III.

Channels, reservoirs, sacs, that would hold from one to eight or more ounces of fluid, no longer excite my wonder and amazement at the extensive and serious pathological condition of which they are exhibits, a pathological condition that occasions symptoms often diagnosed as sciatica, rheumatism,



## Internal Hemorrhoids or Piles

myalgia, caries of the coccyx, coxitis, prostatitis, pruritus ani, scroti, and vulvæ, auto-intoxication, anemia, invalidism, etc.

Inasmuch as we have learned the cause of sacculated mucosa at the lower end of the rectum and over the anal canal and of the integument around it, we had better in future omit the following designations and distinctions, which are merely a ridiculous display of sciolism. Surely we can do without them, and ought to do so for the sake of truth and simplicity. With a sigh of relief let us in future ignore: Safety-valve piles, organized piles, itching piles, blind piles, bleeding piles, moon piles, cutaneous piles, thrombotic piles, external and internal pile tumors, venous piles, ulcerated piles, capillary piles, mixed hemorrhoids, arterial hemorrhoids, white hemorrhoids, acute hemorrhoids, chestnut hemorrhoids, chronic hemorrhoids, inflammatory hemorrhoids, hypertrophic hemorrhoids, atrophic hemorrhoids, Egyptian piles, Philistine itching hemorrhoids, etc.

Quite naturally such a variety of "diseases" called forth many sorts of surgical operations for their removal, of which the following are the ones most in vogue: Clamp and cautery, ligature, crushing electrolysis, excision, submucous ligation, the Whitehead operation, the Earle operation, the American operation, etc.

Forget them all, forget all of the senseless terms that are employed to describe a supposed variety of "disease" and all of the barbarous procedures

## Intestinal Irrigation

for their banishment, and the banishment, alas! too frequently, of the wretched sufferer likewise.

Study carefully the varieties of chronic inflammation and the character and extent of the exudation in each case. By so doing you will ascertain the nature of the many varied symptoms of proctitis, of which the following are the most common: Sacculated mucosa and integument, submucous and subtegumentary channels, reservoirs, pockets, fistula, pruritus ani, fissure- or ulcer-in-ano, constipation, diarrhea, etc.

Proctitis may present a chronic, a subacute, or an acute stage, with an atrophic or hypertrophic condition, or a less marked structural change in the tissue. If proctitis were treated early in its inception, none of the above-mentioned symptoms would have occasion to develop. When mankind becomes properly enlightened on the subject of proctitis, due attention will be given to it long before so many annoying symptoms occur.

Ano-rectal mucous sacs, formed by the serous exudation into the connective tissue and stasis of the blood, are the slightest symptoms of proctitis, and by far the most easily removed.

Since we have found out what are the symptoms and what is the disease, it naturally follows that in treating a sacculated mucosa we should be governed by the character of the proctitis, whether it be in a chronic, subacute, or acute stage. If the inflammation be acute, no matter whether or not there is a general prolapse of the sacculated tissue, it may be

## Internal Hemorrhoids or Piles

well to delay the treatment for removal of one or more mucous sacs until we have in a degree overcome the acute inflammation by the use of a shallow sitz bath, Fig. 23, and by the use of a soothing ointment and liquid remedy, to meet the depurant requirements of the case.

The removal of the chronic inflammation, in whatever state it may be found, should be a paramount feature of the treatment from the time a case comes under one's care. The cure of the disease ought to be of more importance than the removal of a symptom or symptoms. Should there be bleeding from a mucous sac, or should there be prolapse of it, or both, immediate treatment will give relief at once, and the sufferer will think you have performed a miracle, especially if the annoyance has existed for many years.

After the immediately annoying mucous sacs are removed by the hypodermic method, a physician can doubly guard his reputation in the painless treatment of mucous sacs by delaying further treatment of those remaining sacs, which, if treated, might occasion special annoyance, till such a time as the general inflammatory condition is much improved; but in the interim he may treat the mucous sacs that are located above the sphincter muscles, and the granular and ulcerated regions.

For the almost universal success in the painless removal of mucous sacs, the operator should be in possession of all of his normal wits and senses, so that his judgment will be at its best when the following points present themselves :

## Intestinal Irrigation

What to treat.

When to treat it.

Where to treat it.

How much to treat of it.

The quantity of remedy to be injected—all of which require discretion and good technique.

By the hypodermic method of treating mucous sacs some escharotic is employed with the object of causing the absorption of the sacculated mucosa. The object to be accomplished ought to determine the proper strength of any escharotic used. Whatever will absorb the mucous membrane involved in the sac in the slowest and mildest manner is the best remedy or the best way to employ any of the tissue absorbers you might select. And another fact: the lower the per cent. employed the larger the quantity that may be used at a time, and this is desirable if the area of a sac be large and you wish to absorb the greater portion of it. A skillful operator will make sure to have the escharotic used cover just the amount of the mucous sac desired, and no more. Physicians that are not aware of the channeled and sacculated character of the mucosa in the case of "piles" or "hemorrhoids" are liable to introduce the escharotic into the base or the center of the mucous sac with the hypodermic needle; and in such an event the remedy often enters a cavity or a channel, or both, and naturally it finds its way along the channel to the integument at the anus, whence, as a consequence, a deep, ugly fissure-in-ano is in a short time to be reckoned with

## Internal Hemorrhoids or Piles

by the patient and the physician, because of the destruction of the epithelial wall of the channel. The patient thereupon is far from being in a good humor, and the physician wonders how the thing happened, and he feels like quitting practice altogether, and doubtless many have done so ; and certainly every one should do so if such an error were to occur a second time.

The object we wish to accomplish is to absorb the wall of the sacculated mucosa. Therefore the remedy should be injected at the apex of the sac, in the epithelial layer, or slightly deeper, if the occasion demands it. The area of the sac and the thickness of its walls must be taken into consideration, and will suggest the amount of the escharotic to be used.

A proper speculum is very essential to the successful treatment of sacculated mucosa, and I know of none equal to that devised some thirty years ago by Dr. A. W. Brinkerhoff. The speculum is easy to introduce, and by drawing a slide the tissue is properly exposed or shut out to a nicety, exhibiting just the amount you wish to treat. In some cases there is a rather lengthy sacculated mucosa on the side, or on the anterior wall of the ano-rectal tube, and it is advisable to treat only the upper third or half, and at a subsequent visit or visits to treat the remainder, thus avoiding annoyance to the patient.

The paramount concern should be to avoid causing pain both during the treatment of a sac-



## Intestinal Irrigation

culated mucosa or its possible occurrence a few hours or days later. I have often remarked that when pain or soreness follows the treatment of a mucous sac the fault is in the application of the remedy, and not in the remedy itself. Now and then there may be conditions in which you will expect pain or soreness to follow the treatment, and you will prepare your patient with the necessary appliances and remedies to overcome it promptly. Where there are no possible means for avoiding the pain consequent upon a treatment, leave nothing undone to make it as slight as possible. All mucous sacs ought to be treated without any after-annoyance to the patient, and they can be if we only wait for the proper time to treat them.

I have not thus far considered the muco-cutaneous sacs around the anus, which are neither useful nor ornamental, and which often indicate the volcanic action of inflammation and the amount of mucous lava thrown out around the vent.



## CHAPTER XXII.

### EXTERNAL AND THROMBOTIC PILES VERSUS MUCO-CUTANEOUS SACS AND THROMBUS.

THE vent of a crater indicates the convulsive and destructive changes that have taken place within; and, very often, the vent of the gastro-enteric sewer gives like evidence of long, great, and severe destructive changes. The fire of inflammation has burned fiercely for many, many years, and serous lava has, from time to time, poured forth, leaving a searing, inflammatory path. As it was forced from the recto-anal crater, the acrid, burning mucus, that had been imprisoned, made subcutaneous streams, cavities, channels, sacs, etc. Its course is marked around the anus by peaks, crags, muco-skinny tabs, small and large bulging muco-cutaneous sacs, dilated anal veins in which clots of blood often form; light gray, brittle, shiny skin with small and large red and sore oases, thickly studded over the itching area, which the sufferer has scratched in the vain hope of appeasing the torture of pruritus ani, scroti, vulvæ; while cold drops of perspiration stand over his or her face and body, serving to indicate the physical and mental anguish inexpressible in words.

## Intestinal Irrigation

Muco-serous exudations under one or more layers of the recto-anal mucous membrane finds its way down to the integument around the anus, and being of a very irritating character, greatly increases the inflammatory process in the tissues it comes in contact with. Thus the increased inflammation and blood stasis and the augmented serum unite in hurrying the development of skinny tabs and the more or less capacious muco-cutaneous rugæ and sacs.

When the serous exudation takes place entirely under the recto-anal mucous membrane, there may be formed a large muco-cutaneous anal sac, especially on the right or left side of the anus, or the serum may pass under the integument about the anus with little or no anatomical change in the appearance of the skin at or about the anus. In the latter case, an experienced eye can detect sufficient evidence to diagnose the destructive changes wrought by the presence of serum in the connective tissue under the skin and ano-rectal mucous membrane.

The skin is not, as it should be, held fast by the connective tissue, but lies loose over the cavity; and a similar pathological condition exists under the mucous membrane of the anus, rectum, and sigmoid flexure, which circumstance might lead one, in some instances, to conclude that there was almost an entire separation of the mucous membrane from the areolar tissue, by the ridges, folds, large, pouched, prolapsed, sacculated regions of mucous

## External and Thrombotic Piles

membrane that has the appearance of having been simply carelessly laid over the muscular structure of the organs. When we observe such destructive changes by the invasion of serous exudation under the mucous membrane, we have every reason to expect proctitis and perisigmoiditis, with the possibility of the formation of pus occurring with the usual consequences. So remarkable and serious are the excursions of the mucous currents into healthy neighboring tissue that we find a symptom of a disease vastly more annoying and serious than the disease itself. Is it any wonder we find stenosis (narrowing of the passage) of eight, ten, or more inches of the lower portion of the large intestine, which is usually diagnosed atony of the bowels? Surely, you must by this time appreciate the reason I made so strong an appeal for the twice daily use of the enema as a means of relief. You need the combination of many aids over a long period of time to effect a cure of proctitis, etc., and its numerous symptoms. Proctitis and colitis is a serious affliction, and should have your undivided attention with the hearty co-operation of the patient in effecting a cure. How foolish is the practice of removing one or two annoying symptoms (piles and fistula) and leaving the sufferer untreated, the disease itself and the other symptoms not so apparent at the time of the operation, and then dismiss the case as cured! Shame on such practice, in which ignorance and cupidity dominate! Humanity cries for a correct diagnosis and a humane treatment!

## Intestinal Irrigation

The profuse serous exudation resulting from proctitis and sigmoiditis makes its way from the diseased area into the neighboring regions like lava from an active volcano, carrying with it an intense burning inflammation, destroying normal fatty tissue as it advances, owing to its extremely acrid character. Is it any wonder that we find dilated veins and arteries in the lower rectal and ano-rectal canal and around the anus where stasis of the blood has existed for a great many years? The real wonder is that thrombus in the veins around the anus does not occur more frequently than it does. What is the necessity of calling such a pathological change in the caliber of a vein and the weakening of its walls "thrombotic pile"? Thrombus is a clot of blood in a vein, and there is no use in adding the word "pile." The aggravated character of the inflammation accounts for the hypertrophied and the cicatricial tissue so often found around the anal vent of proctitis cases. The Biblical suggestion that sacculated mucosa, commonly termed piles or hemorrhoids, is a disease, accounts for the numerous names used to designate the particular variety of the disease—whether it be an internal or an external pile tumor. It is very wrong to so mislead "scientific" medical men. Had they only known that the numerous sacs, bags, prolapsed pouches, longitudinal and transverse folds of the ano-rectal mucous membrane, and the ragged, jagged, prolapsed, pouched muco-cutaneous tissue around the anus, as well as the fissure-in-ano, pruritus ani, fis-

## External and Thrombotic Piles

tula, are only symptoms of a disease, all of the many abnormal changes and the other symptoms could have been prevented many generations ago by simply treating their exciting cause. But it is never too late to learn things that will benefit mankind.

Don't for a moment think that all of the structural changes on the mucous membrane and about the anus mentioned above indicate an affliction only skin deep, or even the depth of the mucous membrane. They are far worse than that. You will find all the muscular structure of the anal organ and that of the rectum sigmoid flexure severely invaded by the inflammatory process and its fibrinous exudation, and also the external tissues that surround and support the organs.

We have circular and longitudinal muscular tissue entering into the structure of the anus and rectum. The sphincter muscles are two large and strong muscles that close the anal orifice and guard its vent very effectually if they are not destroyed by a surgeon's knife.

The acrid burning serum coming in contact with the muscular tissue excites an aggravated inflammation in its structure as elsewhere. The constant irritation results in more or less permanent contraction of the sphincter muscles in which fibrinous exudation takes place, binding the contracted muscular fibers together. In time their expansibility is lost in many cases, and in other cases partially so, necessitating divulsion of the sphincters in order to



## Intestinal Irrigation

break up the adhesions and establish a somewhat normal circulation of the blood in the diseased parts, also in order to relieve the irritation to the nerves distributed to the organs and their marked reflex excitement. In some cases an expansion of the sphincters for one and a half inches or two inches is quite sufficient; other cases may require a little more thorough divulsion; but never weaken or paralyze the sphincters, as your patient needs their normal use, and you need the reputation of never causing incontinence of feces. Guard the usefulness of the sphincters as you would a valuable treasure.

As a rule, I treat all of the ano-rectal sacculated mucosa in cases where divulsion is required before performing the dilatation to break up the adhesions, and very frequently the muco-cutaneous sacs and distended veins as well. It may be well to delay the divulsion—with which there is usually no hurry—until you determine how many U-shaped (or hair-pin shaped) mucus channels and recto-anal mucus fistulas there may be present that have passed down under the recto-anal mucous membrane, down to the integument about the anus, and then pressed immediately upward again along the outer wall of the anus and rectum, to the extent of six inches or more. There may be three, four, six, or more of them quite prominent as to length and size.

For the treatment of the recto-anal sacculated mucosa the injection method is par excellent. For the removal of the muco-cutaneous sac a double



## External and Thrombotic Piles

V-shaped incision, the proper depth, length, and width, will remove the surplus or redundant tissue, after which the edges are brought together with a catgut suture,—or omit the suture if you think best,—followed by the home attention as prescribed for fissure-in-ano in a previous chapter. At the time of removing the sacculated tissue attention may also be given to the mucus channel; or you may, if you wish, leave it so that at some future treatment you can give it the desired attention. A one or two per cent. solution of alypin, cocain, or beta eucain will produce the necessary local anesthesia for a painless operation. I remove only one muco-cutaneous sac at a treatment, which permits the patient to go about as usual without much inconvenience.

If you have removed all of the ano-rectal sacculated mucosa in a case, and have omitted to remove the one or more ano-muco-cutaneous sacs or dilated veins that are so often present around the anus, and have also neglected to cure the chronic proctitis, then the sacculated mucosa may, by some hook or crook, become excited again into an acute inflammatory condition, the sphincter muscles may grip tighter than usual, and lo, thrombus has taken place in a vein, and the wrinkled, shriveled, skinny tab or sac looks like a miniature balloon, and your dismissed patient is in a troubled state of mind to have everything come back on him so soon!

The cure was all right so far as it went, but there was the disease and some of the old external

## Intestinal Irrigation

symptoms to tell the tale of an incompleted treatment.

Those muco-cutaneous sacs at the enteric crater's mouth are just so many thermometers at its vent to tell the temperature occasioned by the fire of inflammation within, and they will damage your reputation as a proctologist if they be not removed. By all means get rid of these symptoms and indicators of trouble within; and if there should by chance be a little of the old proctitis remaining that wants to assert itself by making trouble, in becoming acute, it will be surprisingly handicapped in its efforts, and the chances are all in your favor; and you will, moreover, from time to time, hear what So-and-So said about the very successful treatment of his or her case.

Sacculated mucosa, muco-cutaneous sacs, submucous channels, etc., having their source in the rectum and anus, are all of a similar origin, the result of serous exudation. These symptoms of proctitis vary in development and number according to the nature and progress of the disease. In those cases that are quite exempt from sacculated mucosa (piles) you may expect to find submucous channels largely developed, and *vice versa*.

Too much stress cannot be placed upon the serious results of auto-intoxication by the absorption of mucus from channels and cavities that will hold from three to eight or more ounces of fluid at one time. They are no doubt rapidly emptied by the process of absorption into the system.

## External and Thrombotic Piles

I have not referred to the fatalities of the hypodermic treatment of sacculated mucosa (piles or hemorrhoids) because of the fact that none have ever occurred within my knowledge among those using either this or a similar method of treatment.

## CHAPTER XXIII.

### ABSCESS AND FISTULA INVOLVING ANUS, RECTUM, AND NEIGHBORING REGIONS.

HIPPOCRATES, the father of medicine, Celsus, Galen, and other writers in the early times, described fistula as a disease; and, naturally enough, through the influence of heredity, contagion, imitation, and auto-suggestion, every author on the subject to the present day has chimed in most complaisantly with his "Ditto! ditto! ditto!" "Me too! me too! me too!" I am sure that the rank and file of my medical brethren will agree with me that modern authors are hardly justified in this servility to the ideas of the fathers of medicine in this recreance to their duties toward suffering humanity. Is it that they do not know better, or that they are naturally servile and thus too lazy to do their own thinking?

Let me in connection with this point call your attention to a practice that many of us have been suspicious of for a long time, a suspicion that has been confirmed for me by one who speaks from positive knowledge; otherwise I should not refer to it here. The practice I am about to describe

## Abscess and Fistula

will make it plain why we have so many "Ditto and Me-too" authors on proctology and other medical subjects.

An eminent surgeon who mentally is as large as the human race, and has room for all that is good in medicine and surgery, narrated the following incident of his career to a learned doctor from Georgia and myself recently. Snatching occasionally a few moments from a busy practice, he has prepared sufficient material to make a book, and desired some competent person to edit it before publication. So he consulted an ethical co-worker concerning such a person. In a few days a gentleman called at the doctor's house to inquire about the contemplated publication. The caller asked the title and size of the book, and when told volunteered the startling information that he could have the work ready in a few weeks' time, but that in the meantime he would like to hear the doctor lecture once or twice that he might catch a few peculiar expressions to use in the work, so that the doctor's friends, when reading the book, would say, "That sounds just like the doctor; that is his style of talking." The would-be scribe never asked for the author's manuscript, so accustomed was he to rely upon the medical literature to be found in the libraries of the city for all the information needed. It is hardly necessary to add that the professional bookmaker was summarily dismissed. The doctor's manuscript is still unpublished.

There is a third reason for so many "Ditto and

## Intestinal Irrigation

Me-too" authors. Publishers of medical books naturally desire to extend their business, and in order to do this they must issue new works of medicine in the same way that lay publishing houses compete for new works of fiction. Now, doctors usually obtain professorships in some institution by paying five thousand dollars or more for them, and in due time a publisher of medical books will tempt the professor to become an author. They place before him their great facilities for getting up a book, arguing that consequently but little or no labor on the professor's part is required. They point out to him the fame and honor the publication will bring him, and at the same time estimate how much money they will make out of it. In due time a "Ditto and Me-too" medical brief, résumé, or treatise, is published covering the whole history of the subject, from Biblical mention of it to the present day. All of us have observed what a great amount of stuffing or padding it takes to make a book that is to sell for five or seven dollars. It occurs to me that it might be wise to get up a conference of enlightened physicians to take some practical steps or to devise some laws that will prevent such impositions on the too confiding medical brethren by unscrupulous publishers that rob them of their hard-earned income through delusive advertising. Still, before any action is taken that would result in effectively closing the door to this practice, it may be as well that the eyes of more of us should be opened that we may not con-



## Abscess and Fistula

tinue to be duped and stung again and again by "Ditto and Me-too" scrapbooks with hundreds of pictures. When seeking for new and better information to help suffering humanity, let us be served for a little while longer with "rehashed rot."

Pardon this digression. We will now consider, at first hand, the subject of fistula.

As a rule, pus in a fistula is a secondary symptom of chronic proctitis, except those fistulæ that occur from traumatic injury to the region of the rectum, anus, and buttocks. Early in my practice I entertained the idea that the formation of pus occurred at the point of dissolution of the tissue, and that, as the volume of pus increased it made its way in the direction of least resistance through it, if the abscess had not been opened by an incision. The idea was well founded when it was applied to the traumatic origin of an abscess and fistula, but not when their origin was traced to chronic proctitis.

It may seem incredible to all who read this that a mucus channel or a fistula can be formed for ten, twenty, forty, or more years before the formation of pus takes place in it; and that the pus exerts no part in producing the diameter or length of the fistula, which may have a capacity of six, eight, or more ounces of fluid. As soon as the chronic inflammatory process has penetrated one or more layers of the mucous membrane, mucus channel or fistula-formation must take place. If the sphincter muscles be rather weak or lax I would not expect sacculation of the rectal mucosa to occur to any

## Intestinal Irrigation

extent. In these cases, however, the muco-cutaneous channels are usually found quite large and numerous. Of course the extent of the ano-rectal symptoms in each case depend upon how severe the chronic inflammatory process has been, and is, at the lower portion of the enteric canal. Often you will find that the seat of the most active chronic inflammation is in the middle and upper portion of the rectum, involving also the sigmoid colon. In these cases the ano-rectal symptoms are not numerous, if there be any at all, on the mucous membrane, but under it you may expect mucus channels that serve as outlets for the inflammatory product.

In every case of chronic proctitis and sigmoiditis submucous and subtegumentary fistulæ can be found, and my experience in tracing them warrants me in stating that periproctitis and perisigmoiditis is present also; the latter pathological condition being due to the invasion of submucous and subtegumentary channels or fistulæ around the outside of the structure of the anus and rectum, extending far up into the neighboring tissues of the pelvic space that support the rectum and sigmoid flexure.

The formation of pus in a submucous or subtegumentary channel that has existed for many years does not make it a disease; it is only another incidental phase added to an already existing symptom of chronic proctitis.

Mucus fistulæ should be diagnosed and treated early in their formation, or at least before the

## Abscess and Fistula

tissues involved became so deteriorated as to form pus in quantity sufficient to occasion the usual period of suffering, fever, loss of rest and sleep before the pus is freed from its enclosure. The formation of pus in a mucous fistula is only incidental and marks a stage in the distinctive changes that have been going on for many, many years in the tissues involved in the inflammatory exudation.

The numerous small and large submucous and subtegumentary fistulæ found in every case of chronic proctitis and sigmoiditis was the most grave and far-reaching of the numerous symptoms, but for three decades I have fully realized the baneful effects from mucus irritation, and the self-poisoning by the absorption of large quantities of serum and fibrinous septic material from the surface of the mucous membrane involved, as well as that from numerous long, cavernous mucus fistulæ: a fearful double source of auto-intoxication, for which it is useless to prescribe diet, tonics, and travel for building up the system and restoring the health.

Besides the numerous general symptoms, arising from self-poisoning by fecal and mucus absorption, we have more or less marked local symptoms in many cases; and if these be not present, the diagnosis can be made out from the general debility of the system and the character of the chronic proctitis and sigmoiditis.

The local symptoms of mucus fistulæ, periproctitis,

## Intestinal Irrigation

and perisigmoiditis are, each of them, universally diagnosed as a disease: Such symptoms as pruritus ani, scroti, vulvæ, lumbago, sciatica, myalgia, rheumatism, prostatitis, coxitis, disease of the coccyx, chafing about the anus and along the thigh and scrotum, difficulty in getting up after sitting for a while, pain in the back of the neck, lame back, legs feel tired, and sometimes pain is very annoying, abnormal color of the skin, painful or sore spots at times, confinement in bed for many weeks from severe continuous pain in and about the rectum, etc.

Up to the present time proctologists have paid little or no attention to proctitis and sigmoiditis, which is a grave disease, with a far more serious symptom, that of mucus fistulæ of great length and diameter, extending in all directions in the pelvic cavity and tissues of the buttocks, the large area of tissue found so full of holes, might be likened to a sponge occupying the same space. They are very numerous in every case of chronic proctitis and sigmoiditis.

This will explain why an incidental symptom like pus in a fistula is commonly called a disease by the "Ditto and Me-too" authors, and why it is so frequently met with in practice. At some hospitals one-half of the cases treated suffer from fistula in which pus has formed. Why the per cent. is not much greater I am unable to explain, except to give credit to the defensive and restorative power of the human body. If the periproctitis and perisigmoiditis, brought on by the mucus fistulæ, is

## Abscess and Fistula

not treated at the same time as the cause, the treatment will be of no consequence in effecting a cure of the chronic inflammation of the lower bowels. Every mucus fistula should be located and healed at the time that the disease itself is treated; then the work will be well done. Every mucus fistula should be diagnosed and treated before the breaking down of the tissues reaches the pus-forming stage, and thus obviate all suffering, annoyance, and possible death. Attention to this course will ensure your treatment of the disease, and its symptoms, to be taken in time.

The only hindrance to the successful office treatment of a fistula in which pus has incidentally formed is the fear that you can not cure it, or that you will fail, or that at a hospital it could be cured quicker, better, and cheaper. These ideas are born of heredity, timidity, fear-habit, power of auto-suggestion, and too much caution on your part. They are all falsehoods and should not be heeded for a moment. During thirty years of practice in my specialty I have sent seven of my fistula patients to a hospital for treatment, and four of that number I afterwards very much regretted sending, as I could have accomplished the cure in a safer and better way by the usual office method of cure. In fact every fistula, pus or no pus,—I do not care how bad it may be,—can be cured by office treatment and at the same time aided by the home attentions of the patient. There may be periods of a year or

## Intestinal Irrigation

more when your energies are overtaxed with numerous patients, and you feel like dividing the labor with some fellow-practitioner, and this in a measure accounts for those I induced to go, or was willing to have go, to the hospital.

Unless overwork is the excuse, you need never send a fistula patient to a hospital for treatment. I have everything to say in praise of the ambulant treatment of ano-rectal fistula and the mucus channels, since my practice thus far has been devoid of any unfavorable results,—a fact which should have much weight in favor of the ambulant office treatment of all of the many symptoms of chronic proctitis, sigmoiditis, and colitis.

Mucus fistula is very easily healed in all cases, and those cases in which pus has incidently formed are likewise not difficult to cure. All you need to do is to instill intelligence in a stupid patient, if you haven't an intelligent one, and induce him to utilize or improvise a few home conveniences for cleansing the fistula night and morning between office visits. During the treatment of the fistula patients will be able to attend to their imperative duties.

To properly explore a fistula and its branches, if any, as to whether pyogenesis (pus) has taken place or not, it is essential to have the external opening through the skin of sufficient depth and size to permit of the application of remedies over all its surface. For a mucus fistula antiseptic remedies can be applied after a thorough irrigation by hot



## Abscess and Fistula

water at a temperature of one hundred and twenty degrees, or more, for half an hour or less time, as the case may demand. Where pyogenesis (pus) has occurred in a mucus fistula there may be more or less necrotic tissue formed, which will require the use of an escharotic remedy as well as very hot water irrigation, followed by an antiseptic remedy, if not already incorporated in the hot water used.

As a rule I see a fistula case once or twice a week, as the case may require. There is no packing of the fistula after the morning and evening home treatment—I have never found it essential. A T-bandage is worn, with absorbent cotton, over the opening of the fistula, preventing soiling of the clothes while attending to daily duties.

Never mind what the "Ditto and Me-too" proctologists have copied or rehashed about the curing of a fistula, which they persist in calling a disease. Just be resourceful, safe, and sane in all you do, and every fistula will get well long before you have cured the chronic proctitis and sigmoiditis, of which the fistula, as a rule, is a symptom.

## CHAPTER XXIV.

### NINE RADIOGRAPH ILLUSTRATIONS OF MUCUS CHANNELS AND CAVITIES.

I AM indebted to Dr. Caldwell, of New York, at whose laboratory my patients were radiographed for the very excellent illustrations; and also to Dr. Albright of Philadelphia, for his assistance in the radiograph work, while attending my clinic, and who, later, with rare skill and scholarly ability, presented my discoveries in a large volume, entitled; *A Practical Treatise on Rectal Diseases, Their Diagnosis and Treatment.*

The following illustrations can only give a hint of the pathological conditions that existed. Fig. 1 shows seven, and Fig. 2, eight probes inserted, which by no means indicate the number of channels or size of the cavities; twenty-five to fifty or more probes inserted would more accurately indicate the excursions of the inflammatory exudate.

The seven following illustrations, in which Bismuth Paste was injected, did not meet my expectations in showing the pathological conditions that existed. The disappointment was largely due to a desire not to cause annoyance to my patients, who



FIG. 1.

Radiograph showing tube (1) in the rectum; 2, probe inserted  $8\frac{3}{4}$  inches; probes 2 and 4 pass on left side of rectum; 3 and 5 pass on the right; all pass into perirectal spaces; three probes are seen under the integument.

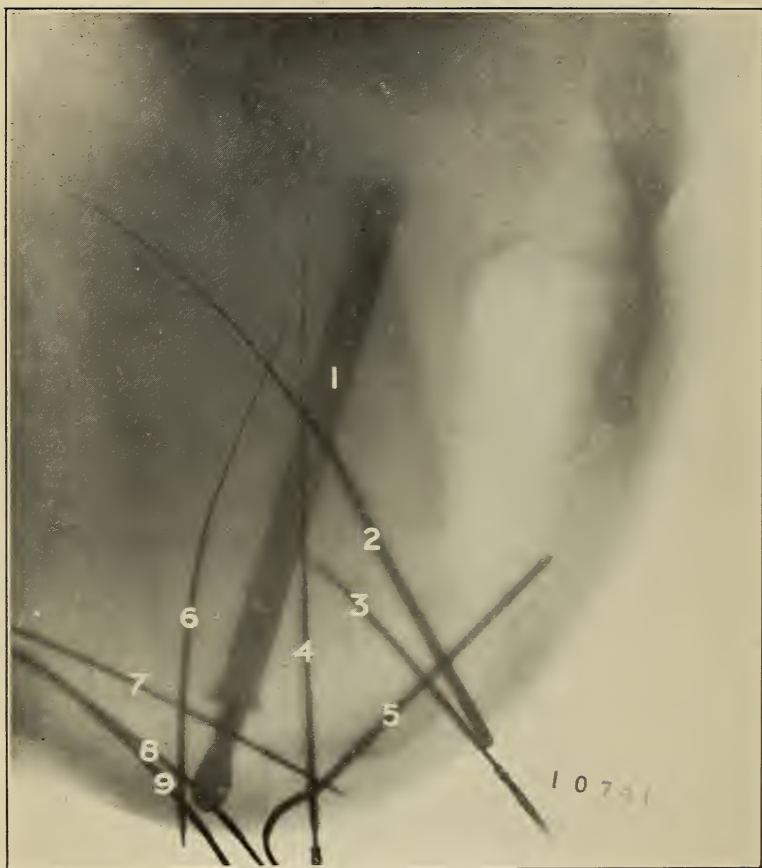


FIG. 2.

Radiograph showing tube (1) in the rectum; probes 2, 4, 6, passed on the left and front of the rectum; 3 passed forward; 5 under the integument along the spine; 7, 8, and 9 probes passed to scrotum and thigh.



FIG. 3.

Radiograph showing a large region more or less filled with bismuth from the anal canal forward and upward, as indicated by lines 1 and 2; a severe case of proctitis, sigmoiditis, periproctitis, and perisigmoiditis.





FIG. 4.

Radiograph showing a tube in the rectum and probe passed to the left of the rectum into the space where bismuth was injected; a case of acute proctitis, sigmoiditis, periproctitis, and perisigmoiditis at time of treatment.





FIG. 5.

Radiograph showing bismuth in a perirectal channel on the left side of the anus and rectum, which caused continuous annoying pain for many months.



FIG. 6.

Radiograph showing a long muco-cutaneous sac and perirectal channel into which bismuth was injected; a case of proctitis and periproctitis, etc.



FIG. 7.

Radiograph showing a tube in the rectum, a long probe and bismuth in perirectal space, also a probe in a submucous channel; a case of sigmoiditis, proctitis, periproctitis, and perisigmoiditis.



FIG. 8.

Radiograph showing bismuth injected in the perirectal space ; a case of proctitis, sigmoiditis, periproctitis, and perisigmoiditis with severe constipation and indigestion.



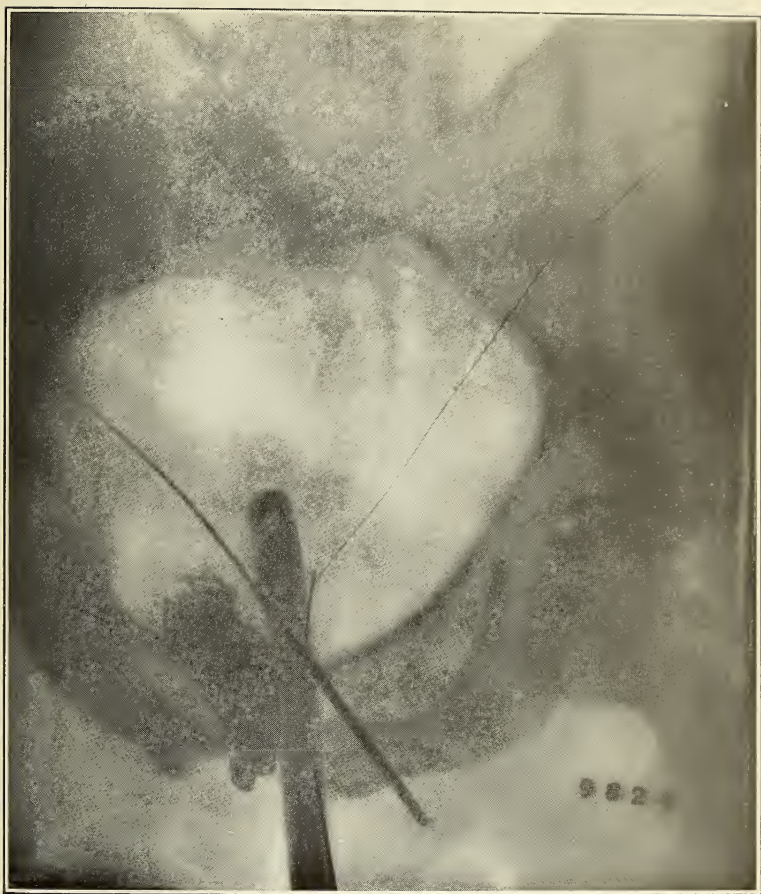


FIG. 9.

Radiograph showing tube in the rectum, a probe and bismuth in perirectal space, and also a probe in a submucous channel; a case of proctitis, sigmoiditis, periproctitis, and perisigmoiditis.





## Nine Radiograph Illustrations

so kindly consented, in the interest of science, to being radiographed. In all cases the paste extended over a much greater area than a casual glance at the illustrations would indicate. The probes and paste were not inserted with the idea of making a diagnosis, but simply to suggest research on the subject by proctologists. All the cases radiographed suffered from proctitis, sigmoiditis, periproctitis, and perisigmoiditis.

## CHAPTER XXV.

### CHRONIC MUCOUS PROCTITIS AND SIGMOIDITIS— USUALLY DIAGNOSED AS CHRONIC MUCOUS COLITIS.

CHRONIC mucous colitis ought to mean inflammation of the ascending, transverse, or descending colon. The length of the rectum varies from five to eight inches, and the average length of the sigmoid flexure is about nineteen inches; the length of the two organs is thirty or more inches. Chronic follicular, ulcerative proctitis and sigmoiditis, extending half, or even the whole length of the sigmoid flexure, causes great suffering, and the symptoms are similar to those attributed to chronic mucous colitis. For about thirty years I have positively known that many of my patients suffered not only from chronic mucous proctitis, but from sigmoiditis as well, since I was able to make positive diagnosis of the diseased condition for at least ten to fifteen inches up the lower bowels.

If the anal canal is inflamed from any cause and not cured, the chronic inflammation will gradually extend up the whole length of the rectum and into the tissues of the sigmoid flexure, invading the

## Chronic Mucous Proctitis and Sigmoiditis

organ to a greater part of its length, if not all of it. The sigmoid flexure is the normal receptacle for feces, and gases, and physiologically and hygienically ought to be emptied three times in twenty-four hours to keep it clean for those who are in the habit of eating food three times a day. The hygienic condition of the sigmoid receptacle is entirely dependent upon a healthy condition of the rectum and a sensible tenant of the body; but when chronic proctitis has taken possession of the rectum and neighboring tissues, it serves no longer as a normal passageway for emptying the sigmoid flexure of accumulated feces, gases, and liquids.

At first inflammation causes spasmodic muscular contraction of the anus and rectum, which in time becomes more and more permanent stricture as the progress of disease advances, lessening the bore of the organs until it becomes very difficult for anything to pass into and through the rectal and anal canals. Inflammation extending from the rectum into the sigmoid flexure for perhaps its whole length, interrupts its functions likewise, thus creating another cause for undue accumulation of feces and gases in the organ; this accumulation of the waste material of the body becomes very foul, generating toxic gases, putrid substances, and poisonous germs which in turn irritate and excite the diseased organ from their constant contact with the follicular ulcerated mucous membrane of the sigmoid receptacle. Why should we not find in these cases all the symptoms attributed by authors to chronic mucous

## Intestinal Irrigation

colitis? Especially so when we have, in addition to the enumerated symptoms of colitis, those caused by proctitis and perisigmoiditis, which are always present and quite severe.

As a rule, the symptoms which have been diagnosed as those of chronic mucous colitis, membranous colitis, or ulcerative colitis are nothing more than symptoms of chronic mucous proctitis and sigmoiditis, accompanied by proctitis and perisigmoiditis. Proctologists who have written on the subject of mucous colitis have noted the many symptoms very accurately, but have missed the usual location of a most aggravating disease from which mankind suffers early and late in life. Authors of books on stomach and intestinal troubles are also groping very much in the dark and are unable to diagnose the cause of a very common functional disturbance of the whole digestive apparatus, caused by proctitis and sigmoiditis, bringing numerous and severe primary and secondary symptoms to which other diseases may be traced.

Chronic proctitis and sigmoiditis and their local symptoms convert the sigmoid receptacle into an Augean stable, from which foul poisonous gases and germs are forced up and along the bowels, distending the descending and transverse colon and finally reaching the ascending colon and the cæcum, causing undue retention of their contents; hence so much attention to the cæcum and the vermiform appendix. The ends of a long rubber tube distended with gas will exhibit more strain and dis-

## Chronic Mucous Proctitis and Sigmoiditis

turbance than the intermediate parts, and the same is true of the colon, owing to the intermediate sections of the organ possessing greater mobility. The great volume of gases confined in the colon prevents its normal peristaltic action, causing undue retention of contents, with resulting inflammation of the cæcum, as well as dislocation of the stomach, colon, etc., and suggesting radiographic and flouroscopic examination and surgical operations to discover the cause of all the trouble, which should have been learned through use of the speculum before so many complications occurred.

In all cases of chronic mucous proctitis and sigmoiditis where there is a great amount of secretion of mucus, membranous cords, shreds, and casts (called mucous colitis), I have found the marked acute symptoms more or less periodic and accompanied by increased inflammation in all the tissues involved in the disease, which convinced me that the colitis we read about had become dislocated and was where I could see its results without the use of a speculum.

Through often witnessing the phenomena, I have learned what a "mucous colitis" storm means from a pathological exhibit, a personal demonstration, and a verbal description of what the sufferer is enduring. It requires the stuff heroes are made of to endure chronic mucous proctitis and sigmoiditis for ten, thirty, or forty years without the disease being accurately diagnosed, and to be told that all treatment is useless and that the trouble is in the head

## Intestinal Irrigation

of the sufferer, that he is a hypochondriac, and a neurasthenic, terms often used by doctors who are unable to make a proper diagnosis of a case.

The common symptoms of mucous colitis have been accepted by writers on the subject, but as to the real cause of them there has been thus far only mere conjecture, just as the writers have been doing as to the cause of pruritus ani, scroti, and vulvæ. Dr. George M. Niles, of Atlanta, Ga., says: "In looking up the literature, one is amazed at the divergent views as to the etiology and management held by diligent students and competent observers. It is fairly well agreed that most cases occur in nervous, neurasthenic, hypochondriac, or hysteric individuals." Others blame the liver, hysteria, constipation, fermentative processes in the intestines. How foolish to name symptoms of the disease as a probable cause of it! It is not necessary for me to again enumerate the many primary and secondary symptoms of proctitis and sigmoiditis, but I will mention briefly a few nervous symptoms which I think are due to the absorption of mucus into the system. There is that intense, exasperating, sore, and restless feeling, with inability to concentrate the mind, with the nerves and muscles of the body pinched and contracted. Such feelings are at their height during an acute mucus storm, which is an indication of increased inflammation in all the inflamed tissues, causing secretion of a great quantity of mucus or membranous casts. No doubt much of the inflammatory exudate from the mucous



## Chronic Mucous Proctitis and Sigmoiditis

membrane, from the muscular structure of the organs, and the connective tissue surrounding and supporting the organs, passes into the sigmoidal and rectal canals, while a portion is absorbed into the system. In a similar manner, the inflammatory exudate from a subtegumentary mucus channel and cavity passes through the skin, causing moisture of the skin, pruritus ani, scroti, and vulvæ. I know of no non-malignant disease, where the symptoms may truly be said to be a thousand times worse than the disease that caused them, except in chronic proctitis and sigmoiditis.

Treatment of such cases has been very successful in my practice, requiring four principal aids: (1) Local treatment; (2) medicated enemata; (3) local medication; (4) the recurrent application of medicated hot water at a temperature of 125 to 135 or more degrees. A further valuable aid is the determination of the sufferer to get well by faithfully carrying out the home treatment. The more a patient studies my diagnosis and treatment of his case, the more he is encouraged that eventually a cure will be effected. Dr. James Moran of this city has been a student and assistant at my office for more than three years, and will bear testimony to the success of my treatment in all cases observed by him.

## CHAPTER XXVI.

### ANTISEPTIC EMPLOYMENT OF POWDERS AND OILS.

#### DEPURANT POWDER.

**W**ATER at a temperature of from 120 to 135 or more degrees is an excellent antiseptic if properly applied to diseased tissue. Its anti-toxic, soothing, and healing properties, however, can be vastly increased by the addition of Depurant remedies. Water of this temperature, if used in the treatment of proctitis or colitis, should be applied with the aid of an Intestinal Recurrent Douche.

Water at a temperature of from 90 to 105 degrees—which is recommended for taking an enema—is antiseptic or depuratory only to the extent to which it washes away morbid matter from the intestinal canal. To increase its antiseptic and therapeutic value, as well as to meet other requirements, Depurant remedies are administered with the water during the flushing of the large intestine.

The Depurant Powder, prepared by the author, readily dissolves in the warm water and is brought into contact with every part of the mucous membrane as far as the antiseptic flushing extends along the intestine, thus leaving the washed and

## Employment of Powders and Oils

sterilized canal sweet and clean — a fit and proper channel and receptacle for the on-coming fecal mass. Here it may remain about four hours without danger of putrefaction, whereas, were the passage-way and receptacle foul, the feces would putrefy and form gases and toxic material in briefer time.

This Depurant remedy is not restricted to intestinal uses ; it is equally efficacious when applied to the mucous membrane of any part of the body or to the skin. It may be used effectively for washing out the bladder or the vagina ; for syringing the ear ; for a mouth wash, tooth wash, gargle, nasal douching or spray ; for a throat spray ; for bathing infants ; and for internal use where foulness of the stomach and small intestines exists. It is also a valuable adjuvant in the use of water for cleansing, or for hygienic purposes, on all the tissues of the body.

### DEPURANT OIL.

Next to the use of water on the mucous membrane and skin as a hygienic and therapeutic agent, I am partial to some of our delightful oils, which are bland, non-irritating, and of a pleasing, nourishing, refreshing effect and exquisite odor.

To the oil selected as the base ingredient may be added other oils, and finally attenuated powdered substances of therapeutic value in soothing, purifying, healing, or any other purpose the case may call for. Pure olive oil is an excellent substance in which to incorporate Depurant remedies, especially when

## Intestinal Irrigation

designed to be taken internally, by way of the mouth, or applied to the integument of the body. Certain other oils are equally pleasing though rather expensive. However, an inexpensive oil usually serves as a base in which to embody the proper medicinal remedies for Depurant purposes in the treatment of proctitis and colitis.

By a proper instrument the oil is carried into the intestines with the water used in flushing the colon, or that used with the intestinal recurrent douche treatment. The oil, being lighter than the water, is carried ahead or on top as the water passes up the bowels; and, as the two liquids open the crevices and folds of the mucous membrane or canal, every part of the latter is completely covered with the medicated oil, as with a covering of thin salve, ointment, or a poultice—in every nook and corner, just where it is most needed and where it should remain for its hygienic and healing effect.

Every kindly aid should be given a diseased organ, mucous membrane, or the skin, even if one knows it is for relief only; for the very aids that give relief are often essential when joined with medicinal or other treatment in effecting a cure.

It is advantageous in treating bowel troubles to use a rather heavy, tenacious oil for a base—one that may not be so pleasant to swallow or to use externally as some of the lighter oils. It is therefore advisable to have two kinds of Depurant Oil: one for internal use (by the mouth) and for the skin, the other for chronic disease of the lower bowel.

# INTESTINAL ILLS.

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*By Alcinous B. Jamison, M.D.,*

SPECIALIST IN RECTAL, ANAL, AND BOWEL DISEASES, AND  
AUTHOR OF "HOW TO BECOME STRONG."

*Cloth, 277 pages*

**T**he above is the title of a work for non-professional readers on the cause and cure of many forms of bowel and stomach trouble, and their consequences, and the scientific treatment of piles, fistula, pruritus ani (itching), etc.

Science is here reduced to common sense; and the intelligent layman, following the directions of this book, especially as to "physiological irrigation," will be able to prevent the usual daily foul state of the stomach and bowels. Here is set forth in plain language the accumulated experience of a thoughtful physician, who for over thirty years has studied the welfare of his patients in the treatment of those diseases which are peculiar to civilization. During this long practise, patients from all parts of the United States and other countries have come to New York City to be under the humane and skilful care of Dr. Jamison, who has the unique reputation of never employing the barbarous surgical and hospital methods in vogue throughout the world. No knife, ligature, clamp, or cautery has ever been employed by him in the treatment of even the most aggravated case of piles, or hemorrhoids; and no detention from business is necessary under his treatment for this symptom of proctitis.

Dr. Jamison's discoveries in the line of his specialty have added much to medical knowledge concerning the etiology and pathology of proctitis, sigmoiditis, and of their symptoms—hemorrhoids, pruritus ani, constipation, etc. His diagnosis of these afflictions is original, as well as his treatment of such ailments—hitherto neglected or improperly cared for.

Physicians and surgeons of conventional schools of medicine are not aware that the common cause, and indeed the key, of all forms of anal, rectal, and bowel trouble is proctitis (inflammation of the lower bowel and sometimes of the colon) ; that proctitis is the cause of nearly all cases of constipation, diarrhea, indigestion, and biliousness ; and that, finally, proctitis is the cause of auto-infection (self-poisoning) and its outcome—anemia, emaciation, etc.

No book to which physicians have access treats this subject so fully as "Intestinal Ills," and yet in this volume it is presented in a popular manner suited to the common understanding.

The following enumeration of the chapter headings will give an idea of the scope of the treatise :

1. Man, Composed Almost Wholly of Water, is Constipated. Why ?
2. The Physics of Digestion and Egestion.
3. The Interdependence of the Anus, Rectum, Sigmoid Flexure, and Colon.
4. Indigestion, Intestinal Gas, and Other Matters.
5. Key to Auto-infection.
6. How Auto-infection Affects the Gastric Digestion, and Vice Versa.
7. How Auto-infection Affects Intestinal Digestion, and Vice Versa.
8. The Cause of Constipation and How We Ignorantly Treat It.



9. Cures for Constipation "Fearfully and Wonderfully Made."
10. Biliousness and Bilious Attacks.
11. King Liver and Bile-bouncers.
12. Semi-constipation and Its Dangers.
13. The Etiology of the Most Common Form of Diarrhea, i. e., Excessive Intestinal Peristalsis.
14. Ballooning of the Rectum.
15. Ballooning of the Rectum (*Continued*).
16. Erroneous Diagnoses and Treatment of Bowel Troubles.
17. Costiveness.
18. Inflammation.
19. Proctitis and Piles.
20. Pruritus, or Itching of the Anus.
21. Abscess and Fistula.
22. The Origin and Use of the Enema.
23. How Often Should an Enema be Taken ?
24. Physiological Irrigation.
25. Proper Treatment for Diseases of the Anus and Rectum Very Essential.
26. The Body's Book-keeping.
27. Selection and Preparation of Food.
28. Diet for Indigestion.
29. Diet for Constipation.
30. Costiveness, Diet, etc.
31. Diet for Diarrhea.
32. A Final Word.

You need this book for yourself and your friends. By making a present of it to some one requiring its light you will perform an act of unselfish kindness.

Price, cloth bound, lettered in gold, \$2.00, post-paid to any address. In sending for the book please write name and address plainly. All orders should be sent to the author:

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